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Medical Economics

PUBLISHED EVERY OTHER MONDAY • ISSUE OF APRIL 14, 1958

New Answer to High Malpractice Rates

Does Medical Writing Pay Off?

They're Ready to Testify for the Plaintiff



*How Much Professional Courtesy
Due for Non-M.D.s?*

**FINALLY!
A TRANQUILIZER
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1. Proctor, R. C.: *Dis. Nerv. Sys.* 18:223, 1957. 2. Feuss, C. D., and Gragg, L., Jr.: *Dis. Nerv. Sys.* 18:29, 1957. 3. Coats, E. A., and Gray, R. W.: *Dis. Nerv. Sys.* 18:191, 1957. Registered Trademark: Quiactin

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Medical Economics

NEWS BRIEFS

TRAVEL WITH A NURSE has been ruled a tax-deductible medical expense. Who got the bonanza? An 80-year-old gentleman with arteriosclerotic heart disease who has trouble breathing and can't manage his wheelchair without help.

YOU MAY PAY HIGHER BROKERS' FEES next month. Members of the New York Stock Exchange are voting now on a 13% increase in commissions.

STILL HIGHER MALPRACTICE PREMIUMS will begin next month for 5,000 California doctors insured under the medical society plan, in spite of heroic claims-prevention efforts. Average premium increase: 25%. For \$100,000/\$300,000, Northern California surgeons will pay \$540.

NO DOCTOR SHORTAGE in Russia. The Soviets say they're now graduating twice as many M.D.s as the U.S. They claim a doctor-patient ratio of 1 to 590, compared to ours, which is 1 to 757.

NEWS BRIEFS

YOUR X-RAY MACHINE may be outlawed if it's over 10 years old and if your town follows New York City's lead. The Board of Health there is cracking down on radiation safety hazards and doesn't think 10-year-old equipment will pass.

BLUNDER CAUSES DEATH. When the first two surgical patients in a new Appleton, Wis., hospital mysteriously died recently, doctors were stumped until they discovered that anesthesia hoses had been installed wrong. Someone had switched oxygen and nitrous oxide connections.

PRIVATE DOCTORS will treat the disabled at Government expense if a rehabilitation bill proposed by Rep. John E. Fogarty (D., R.I.) passes. This is the real intent of H.R. 10608, he says, though the bill doesn't say so. It provides \$15,000,000 in Federal money to match state for rehabilitation (hospitalization, diagnosis, corrective surgery, etc.).

G.P.s WANT A VOTE on the Joint Commission on Accreditation of Hospitals. They've applied for the seat the Canadian Medical Association will vacate when Canada sets up its own accreditation plan in 1959. The G.P.s want the backing of the Commission in their fight for better hospital privileges for general men.

MORE MONEY is going to doctors under the V.A. "home town" care plan. The average-visit fee has gone up from \$4.92 in 1952 to \$5.89 today.

DOCTORS LOST A ROUND in their battle with the United Mine Workers over free choice of physician. The doctors sponsored a bill in the Kentucky legislature to force medical service plans to guarantee free choice. It passed the senate 29 to 6. Then U.M.W. leaders threatened to close down the whole \$15,000,000 program in Kentucky. The legislators left the bill in committee and went home for a two-year rest.

DOCTORS' DELINQUENT DEBTORS are skipping town in record numbers, says W. H. Means, president of Medical-Dental-Hospital Bureaus of America. Lay-offs are driving them to greener fields.

FIRST SUIT AGAINST TOBACCO COMPANY for causing cancer has been delayed—and so has expected clash between medical witnesses. Dr. Alton Ochsner will testify for the plaintiff and against cigarettes when the trial is resumed. The judge declared a mistrial when New Orleans jurors received anonymous phone calls about their personal smoking habits. Malpractice lawyer Melvin Belli is handling the case for the plaintiff, a cancer victim's widow.

NEWS BRIEFS

500 SURGEONS WILL BE AFLOAT in the North Sea this summer, living on the Holland-America liner Statendam and attending sectional meetings of the American College of Surgeons in Oslo, Stockholm, Copenhagen, and Edinburgh.

CERTIFYING BOARD FOR G.P.s is still hanging fire. The idea "has merit" but "is premature," the G.P. Academy has resolved. It's discussing the proposal with the A.M.A. while keeping a sharp eye on the internists, who might hatch a Board of Family Physicians.

IS MEDICARE A PORK BARREL FOR M.D.s? Rep. George Mahon (D., Tex.) has asked for a new study of the dependents medical care program before the next appropriation. He wants to know why military medical facilities can't be used more and private physicians less. "We didn't get a very satisfactory answer on that last year," he said, "so we're asking again."

HOW MANY MORE HOSPITALS? After President Eisenhower asked to have the \$46,000,000 cut in Hill-Burton funds restored, interested people began wondering if \$121,000,000 was all they could get. The American Hospital Association has already argued for \$150,000,000. The authorized ceiling is \$210,000,000.



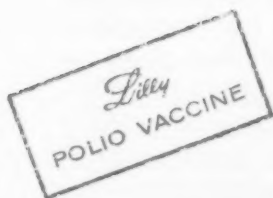
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need . . . the flavor they accept



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Medical Economics

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, APR. 14, 1958

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The doctor's business is holding up very well in spite of all the recession talk, report the men who handle overdue accounts

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The rewards are great, says this medical editor. But if your aim is fast royalties, better check this list of expenses first

***How to Antagonize Your Community* 90**

Disregard local customs. Stay aloof from community life. Behave just like a businessman—but do your buying outside of town. That's how these doctors hurt their practices

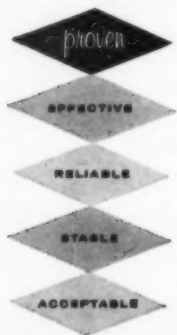
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Your main source of income tomorrow may well be a health insurance plan. Here's what practice is like under such a system

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One out of every 100 medical men reportedly has the drug habit. A nation-wide attack on the problem is now under way

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He's your patient's seemingly irrational former doctor. But don't scoff; you may soon wear his shoes, says this humorist

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Does medicine need to hire its own professional negotiators? That may be one state's answer to this burning question

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This Blue Cross plan encouraged M.D.s to send selected hospital patients home earlier than usual. Then it paid the cost of visiting-nurse service. Patients liked the idea. So did the doctors—but they had one big reservation. Take a good look at the plan; it may be tried in *your* hospital sooner than you think

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Education? Experience in a medical job? Though important, these don't top the list, shows this study of 600 physicians

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You can choose whether your family is to get the proceeds in a lump or in installments when you die. Be sure to choose right

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Panels of doctors in one state will give impartial testimony in malpractice cases. It's a good answer to the 'conspiracy of silence' charge. It may even help hold down court awards

MORE▶

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when emotional stress is a complicating factor



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Unless you do, you're almost certainly alienating some of your patients, this doctor claims. Here's why he thinks so

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...but this formula is easy to make!

New mothers sometimes think preparing an evaporated milk formula is more complicated than proprietary formulas.

Actually, since sterilization is the same, the *only* difference is that the mother adds the carbohydrate...the specific type and amount *prescribed by the physician* as best for her baby.

This gives the infant the advantages of his own evaporated milk *prescription* formula,

readily adjustable to meet his changing nutritional needs — a *flexibility* not possible with proprietary formulas.

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EDITOR
R. Cragin Lewis

**ADMINISTRATIVE
EDITOR**
Richard L. Kraybill

**EDITORIAL
CONTRIBUTORS**
J. E. Eichenlaub, M.D.
Helen C. Milius
Claron Oakley
Edwin N. Perrin
R. W. Tucker

COPY EDITOR
Donald M. Berwick

NEWS EDITOR
Lois R. Chevalier

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on the problem of



A POINT OF VIEW IN '55 "At this time, it appears that the problem of antibiotic-resistant bacteria is the greatest fear in the future with chronic infections of the . . . urinary tract . . ."¹

A POINT OF FACT IN '58 "... This prediction has proved to be correct for both gram-positive and gram-negative organisms."²

...WITH ONE NOTABLE EXCEPTION "... studies indicate that micro-organisms, in vitro and in vivo, do not appear to develop resistance to FURADANTIN."³

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genitourinary tract infections

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AVERAGE FURADANTIN DOSAGE: In acute, complicated or refractory cases and in chronic infections—100 mg. q.i.d., with meals and with food or milk on retiring.

REFERENCES: 1. Flippin, H. F.: Virginia M. Month. 82:435, 1955. 2. Caswell, H. T. et al.: Surg Gyn Obst. 106:1, 1958. 3. Nesbitt, R. E. L. Jr., and Young, J. E.: Obst. Gyn., N. Y. 10:89, 1957.

NOW, for hospitalized patients, for severe urinary tract infections when peroral administration of FURADANTIN is not feasible and for serious infections as septicemia (bacteremia): **FURADANTIN Intravenous Solution**



NITROFURANS . . . a new class of antimicrobials . . .
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SPECIFIC ANTITUSSIVE...

"COTHERA" moderates intensity and frequency of coughing through a selective action apparently on the medullary cough center ... subdues but does not abolish the cough reflex. The natural reflex for removal of secretions is retained.

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"COTHERA" is nonaddictive; does not cause respiratory depression, gastric irritation, or constipation. It is well tolerated by children and elderly patients, even after continued use. (Antitussive action is equal to $\frac{1}{4}$ gr. codeine per teaspoon dose.)

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"COTHERA" exerts a mild musculotropic spasmolytic action tending to protect against possible harmful effects and cough-aggravation of bronchospasm.

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"COTHERA" is completely acceptable to all age groups.

Indications: "COTHERA" Syrup is specifically indicated for irritating, useless, or chronic coughs such as those associated with the common cold, children's diseases, excessive smoking. It may be used safely for short-term or prolonged treatment.

Dosage: Adults and children over 8 years—1 to 2 teaspoonfuls (25-50 mg.) three or four times daily. Children, 2 to 8 years— $\frac{1}{2}$ to 1 teaspoonful three or four times daily.

Supplied: 25 mg. per 5 cc. (teaspoonful), bottles of 16 fluidounces and 1 gallon.

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Letters

Jurisdictional Clash?

SIRS: Dr. Max Cheplove says he anticipates a jurisdictional clash between the G.P. and the family internist. "One or the other will have to give way," he predicts.

As a relatively young internist, I feel such statements are neither in the best taste nor correct. Why should there be a conflict between the well-trained generalist and the internist? Obviously, many patients may be cared for by either one. But complicated cases often frustrate the generalist and are properly handled only by the internist.

The magnitude of medical care will keep us all busy. Instead of preparing for jurisdictional clashes, let's try to work together to give the patient the best possible care.

James V. Woodworth, M.D.
Portland, Ore.

SIRS: Dr. Cheplove tells how the G.P.s in his hospital have given up all surgical privileges in order to gain the right to advance in the

medical, OB/Gyn., and pediatric services. Advance? I wonder.

Next year, they may have to give up some medical and OB/Gyn. privileges. For—who knows?—the internist may argue it takes as much skill to treat an acute coronary as to do a circumcision. And the obstetrician may claim it requires as much training to deliver a primipara as to remove the processus vermiformis.

If the present trend toward curtailment continues, the future G.P. will be little more than a glorified referral clerk.

Vincent Ciampa, M.D.
Cuba, N.Y.

Unprofessional English

SIRS: In a recent MEDICAL ECONOMICS article, the term "first aid" is twice used to define minor emergency care given by doctors. Such usage is incorrect. First aid is given by lay people only. Whatever a physician does is medical care and has been so interpreted by the courts. I think the correct term

Blood levels

Lymph levels

urine levels

**Are you getting
all three?**

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here would have been "initial care," "general care," or perhaps "supportive care."

Garold L. Faber, M.D., M.P.H.
Chico, Calif.

Workmen's Compensation

SIRS: In "What Labor Really Wants From You," Nelson H. Cruikshank of the A.F.L.-C.I.O. is quoted as saying: "About 51 cents out of every [Workmen's Compensation insurance] premium dollar goes for benefits. The other 49 cents is absorbed in administrative costs, advertising, agents with big expense accounts, and so forth."

Mr. Cruikshank erred. Here's a breakdown of the average net premium dollar before Federal taxes and before the return of dividends to policyholders: benefits, 62.1 cents; adjustment and payment of claims, 8.8 cents; accident prevention, 2 cents; state taxes and fees, 2.5 cents; operating and production, 22.1 cents; profit and contingencies, 2.5 cents.

A. Z. Skelding

Associate General Manager
Nat'l Council on Compensation Insurance
New York, N.Y.

How to Foil Thieves

SIRS: During my twenty years of practice I've avoided having my narcotics license number printed on my prescription blanks. So if a drug addict should ever steal any blanks, he wouldn't know my number and would have to fake one—

if he remembered, in his eagerness, to put any number at all on the prescription. This would increase the likelihood of his being caught by an alert druggist.

F. Daniel Suttentfield, M.D.
Southern Pines, N.C.

SIRS: I employ the following ruse as insurance against hold-ups in my office: I keep a policeman's cap and jacket hanging on a coat rack in my reception room. Thus, any stranger waiting to see me believes that one of my patients in the examining room is a policeman. Result: no hold-ups.

M.D., New York

Fine idea—but what do the regular patients think about that ever-present officer of the law?—Ed.

Suit-Proof Prescriptions

SIRS: "Ten Ways to Prescribe Yourself Into Trouble" reminds me of an experience I had a few years ago:

I wrote a prescription for capsules that contained atrophine and phenobarbital. Three or four hours later, the patient developed symptoms of atropine poisoning. Investigation showed she'd taken the proper number of capsules. But the pharmacist had reversed the quantities of atropine and phenobarbital in the compounding.

Naturally, there was a suit. The patient informed me her attorney

LETTERS

intended to include me in the suit, presumably on the ground that my prescription might have been illegible. I asked her simply to tell him that the prescription was typewritten—as are all my prescriptions, with a carbon copy attached to the patient's chart.

That was the last I heard of the matter. No charges, no suit, no bad relations with my patient.

Leo Nadvorney, M.D.
Bronx, N.Y.

Fees Still Trail

SIRS: You report that Dr. Gatewood C. Milligan, president of the Colorado medical society, has charged that "during the past five

years, physicians' fees have gone up three times faster than the cost of living."

According to the Bureau of Labor Statistics, fees still lag behind the cost of living. With 1936 costs as a base of 100, cost-of-living items were up to 183 in 1952 and up to 200 as of March, 1957. Doctors' charges were up to only 150 in 1952 and 178 as of March, 1957. Hospital rates reached 284 in 1952 and 377 in March, 1957.

Nobody approves of exorbitant fees. But let's not find ourselves arguing against *reasonable* ones.

Samuel I. Joseph, M.D.
Los Angeles, Calif.
END



for head-cold patients
who have to keep on the go

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'Daprisal' is a combination of the two most widely prescribed analgesics plus the mood-lifting components of Dexamyl[®]. What better preparation could you prescribe for the many patients who insist, "But, Doctor, I simply have to keep up and going"?



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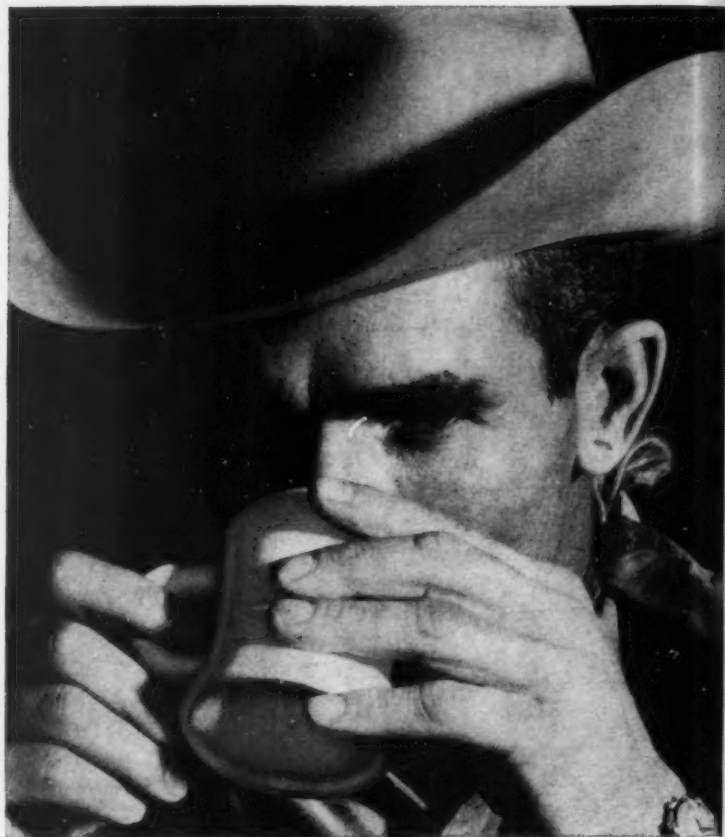
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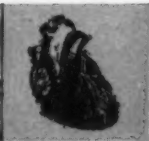
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as much as ever!*

Hearty . . . robust . . . full *man-sized* flavor! That's *new* Instant Sanka Coffee. No matter how much coffee your patients like to drink . . . Instant Sanka can't get on their nerves or keep them awake. All pure coffee. 97% caffeine-free.



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**in each of these indications
for a tranquilizer...**



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Senile anxiety and persecution complex dogged Mrs. K. until her doctor prescribed ATARAX Syrup. (+) It tastes good, and it's a perfect vehicle for Mrs. K's tonic.

Dosage: Children, 1-2 10 mg. tablets or 1-2 tsp. Syrup t.i.d. Adults, one 25 mg. tablet or 1 tsp. Syrup q.i.d.

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**gives you an
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*A choice diet
for the patient
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equals earlier
convalescence*

"Shortage of an essential amino acid in the food means a shortage of protein in the body."¹ Protein loss is greatly increased during injury, surgery, disease or illness — and the deficiency will progress steadily unless a proper diet is achieved. But appetites seem to lag when they are most necessary, because patients are suffering from pain, anorexia or poor gastrointestinal function. At best they will eat *only* soft cereal products. Many investigators have shown that "lysine deficiency is the salient lack in the cereal grains."² The biologic value of cereal protein can be improved to almost double its tissue building value by the addition of adequate quantities of *lysine* to the accepted diet.

Assure efficient reconstructive nutrition with
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Riboflavin	10 mg.
Pyridoxine Hydrochloride	2 mg.
Niacinamide	100 mg.
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Vitamin B ₁₂ Activity (Cobalamin)	4 mcg.
Folic Acid	1.5 mg.
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*equivalent to 600 mg. L-lysine

Administration with meals is essential to obtain the maximal benefit of lysine fortification of dietary protein.

Supplied in bottles of 60 tablets.

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References: 1. Flodin, N. W.: *Am. Miller & Processor* 31:30 (July) 1953. 2. Block, R. J., in *Advances in Protein Chemistry*, Anson, M. L., and Edsall, J. T., eds., New York, Academic Press, Inc., 1945, vol. 2, p. 119.

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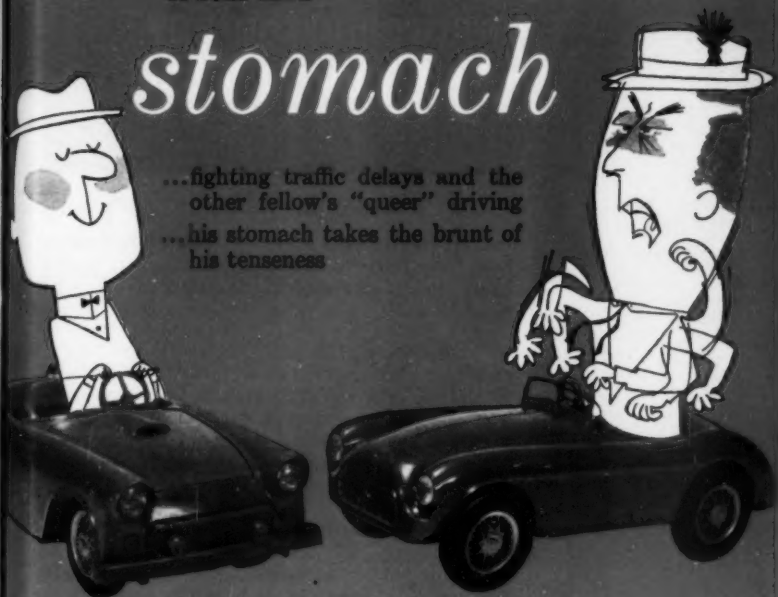


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The most widely prescribed broad-spectrum antibiotic now potentiated with glucosamine, the enhancing agent of choice.

Cosa-Tetracyn is supplied in capsules, 250 mg., bottles of 16 and 100; and half-strength capsules (125 mg.) for long-term therapy or pediatric use, bottles of 25 and 100.

1. Carloni, M.: Antibiotic Med. & Clin. Therapy 5:146 (Feb.) 1958.

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News

How Hospital Patients' Money Is Wasted

Some patients are paying hospitals more than they should because of the "present-day emphasis on laboratory study instead of old-fashioned clinical observation." That's the opinion of Dr. Harry C. Saltzstein, senior surgeon at Harper Hospital in Detroit. By way of illustration, he cites the case of a man who was hospitalized recently with a pain in his belly:

"On admission to the hospital, three examinations described local tenderness in the right lower quadrant." But because the symptoms weren't exactly those of appendicitis, "during the next six days he had the following assortment of examinations:

"X-ray. Upper gastrointestinal, small bowel study, barium enema, intravenous pyelogram, and cholecystogram. All negative.

"Sigmoidoscopic examination. Genitourinary consultation.

"Laboratory . . ." Thirteen dif-

ferent procedures, including electrocardiogram."

After a full week of this, Dr. Saltzstein relates, the patient was discharged. But "nine days later he entered another hospital. By this time he had an appendix abscess, with temperature of 100° and white blood count of 20,000 . . ."

Concludes Dr. Saltzstein: "Careful clinical evaluation and repeated accurate observation of the patient's abdomen would have been more revealing than the X-ray and laboratory procedures costing \$160, plus seven days in the hospital in a \$26-per-day room."

Lourdes Still Produces Cures, Say M.D.s

The French town of Lourdes is still producing strange medical phenomena, according to the physicians in charge of investigating alleged cures there. Drs. Joseph Pelissier and Christian Pierra report that each year the Catholic shrine produces from two to six "medically

anginaphobia: must anger cause angina?

Fear of anginal attack may cause a patient to simmer in repressed hostility — potentially as harmful as blowing off steam.

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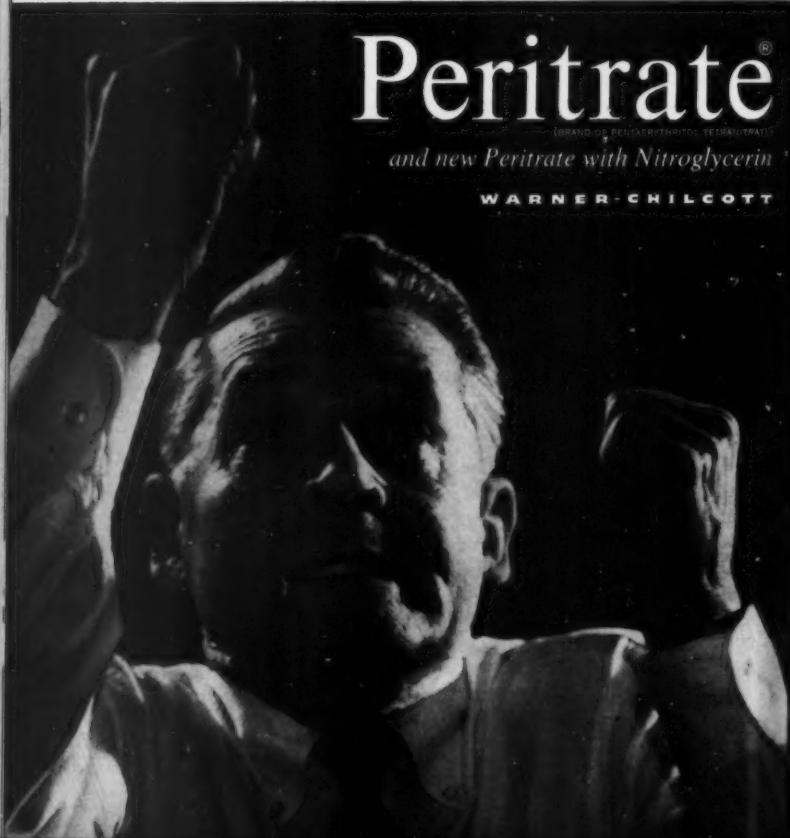
Usual dosage: 20 mg. of Peritrate before meals and at bedtime.

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unexplainable" and some 200 "strange" cures. That has been the ratio ever since 1908, they add, when the medical commission to examine cures was first set up.

It's the job of Drs. Pelissier and Pierra to screen all claims of miraculous cures. The ones they consider unexplainable are then referred to an international medical committee. Only after that committee has in turn pronounced a case "unexplainable by scientific criteria" is it referred to the Vatican.

Functional improvements, like stabilization of a cancer, are invariably rejected as "dubious." Cures must be more positively implausible (as when eyes see again or when paralyzed limbs move) to be considered "miraculous." Drs. Pelissier and Pierra point out that "miraculous medical cures in Lourdes have always been rare." In a full century, only fifty-six have been formally accepted as such.

What Happens to Idealism In Medical School?

It's sometimes said that young doctors-to-be lose their idealism in medical school. This is true to some extent, say Sociologists Howard S. Becker and Blanche Geer—but only temporarily.

The students' "original medical idealism reasserts itself as the end of school approaches."

Becker and Geer have been interviewing students at the University of Kansas Medical School. The students enter school with the idealistic idea "that the practice of medicine is a wonderful thing and that they are going to devote their lives to service to mankind." But then disillusionment sets in:

For one thing, "the faculty tells them . . . that there is more to medicine than they can possibly learn . . . Their disillusionment becomes more profound when they discover that this statement . . . is literally true."

For another thing, when students start seeing patients, "they find themselves working to understand cases as medical problems rather than working to help the sick." They become "preoccupied with the technical aspects of the cases." They develop "lack of concern" for patients as human beings.

But none of this means they've lost their original idealism for good. It eventually reappears as "a new and peculiarly professional idealism." Becker and Geer sum it up this way:

"Even though they know that few doctors live up to the standards they have been taught, they intend always to examine their patients thoroughly and to give treatment based on firm diagnosis rather than merely to relieve symptoms."

And students plan their future practices accordingly. MORE ►

Many take specialty training "so that they will be able to work in a limited field . . . thus avoiding the necessity of dealing in a more ignorant way with the wider range of problems general practice would present."

Many students also point toward "partnerships or other arrangements making it easier to avoid a work load which would prevent them from giving each patient the thorough examination and care they now see as ideal."

M.D.-Abortionists? Kinsey Men Find 'Many'

One woman in every twelve between the ages of 30 and 50 has had an abortion ending a premarital pregnancy. At least that's what the Institute for Sex Research says is true of the broad sampling of American females it has interviewed.* What's more, 86 per cent of the women who'd had abortions said the job was done by an M.D.

In spite of what these women said, many of the abortionists probably weren't M.D.s, the report points out. "However," it adds, "there were many who were reputable physicians in good standing in their local medical associations."

The Institute even interviewed

*The Institute used to be headed by the late Dr. Alfred C. Kinsey. He had a hand in this latest report but didn't live to finish it. The full report ("Pregnancy, Birth, and Abortion") is slated for spring publication.

some M.D.-abortionists. The latter took considerable pride in their technical skill and regarded themselves as humanitarians, according to the report. They talked a lot about "the young unmarried women they had saved from the stigma of bearing an illegitimate child." And the report adds:

"The particular abortionists who consented to be interviewed had a much higher quality of medical and surgical technique than much of the literature would lead one to expect."

One M.D. told the Institute he had performed 30,000 abortions without a single death. He was so serious about his illegal specialty, says the report, that he "attempted to hire a psychiatric social worker to counsel prospective abortion patients on the social and emotional aspects of their problem." But he couldn't find one who was willing to do it.

Piecemeal Approach to State Medicine Seen

"Nothing short of a national health service holds promise of meeting the total problem" of medical care for all Americans. So says Eveline M. Burns, president of the National Conference on Social Welfare. But she adds quickly: "I am enough of a realist to recognize that this will not be achieved in my lifetime and that we in America will ap-

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NEWS

proach this goal piecemeal . . ."

The only practical basis for action, she advises those who favor state medicine, may be the "wholly opportunistic basis [of] taking what we can get when we can get it." On this basis, "our best bet for early action" is the Forand bill—the proposed extension of Social Security to provide hospital and surgical care for the aged.

Doctors Point to Gaps in Local Health Facilities

What sort of help do doctors need from their communities that they're not getting? One city recently decided to find out. Under

the direction of Dr. Malcolm S. M. Watts, an elaborate questionnaire was drawn up and sent to every medical society member in San Francisco. Answers from 838 of them, more than half, produced a broad view of the gaps in local health services. Items:

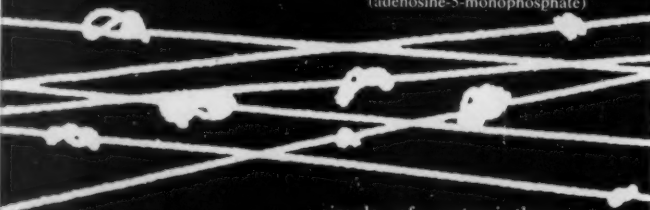
¶ Ninety per cent of the San Francisco doctors said they have patients who need services they can't provide. What kind of services? Psychiatric care was cited by 62 per cent; physical therapy by 56 per cent; financial aid by 48 per cent; home nursing by 47 per cent; long-term institutional care by 36 per cent; psychological testing by 34 per cent.

MORE ►


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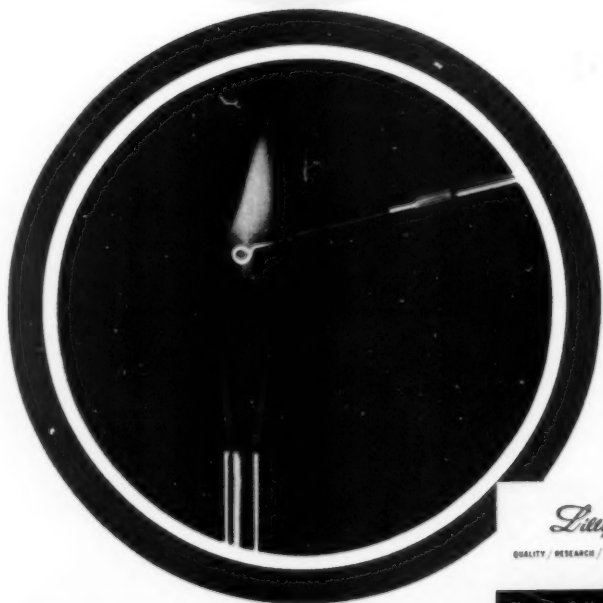
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Also consider 'Ilotycin' for safer therapy

- Allergic reactions following systemic therapy are rare
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Usual adult dose is 250 mg. every six hours.

'Ilotycin' is available as specially coated tablets, pediatric suspensions, drops, otic solution, ointment, ophthalmic ointment, and I.V. ampoules.

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¶ Translating these patient needs into community needs, the doctors listed the following local facilities as most inadequate: (1) hospitals for the chronically ill; (2) nursing and convalescent homes; (3) psychiatric treatment centers—especially for alcoholics.

¶ As for related gaps in voluntary health insurance, 81 per cent of the doctors said something should be done about coverage for old people. Almost 40 per cent held that coverage should include mental illness.

Polio Foundation Finds It Has to Rely on Doctors

Though the health foundations spend millions of dollars, they don't get the hoped-for results without plenty of help from practicing physicians. The National Foundation for Infantile Paralysis recently learned this lesson again.

It conducted a survey to find out why 45,000,000 Americans under 40 years old still haven't had any Salk shots, and why another 30,000,000 still haven't completed the series. It discovered that "an overwhelming majority of adults in the target group who had not yet had polio shots said they would be vaccinated if their doctor recommended it."

Apparently he hadn't—and 80 to 90 per cent of these people do have a regular family doctor.

"However," the foundation reports, "the nonvaccinated adults were . . . less likely to visit their doctors regularly. Only half had visited a doctor during the six months prior to the interview, in contrast to nearly three-fourths of the vaccinated group."

Roman Rx on Fee-Setting Translated for Today

Those Romans! They even had the right idea on doctors' fees, according to Howard Hassard, counsel to the California Medical Association. He recently relayed this quote from a Roman jurist of the Fourth Century B.C.:

"When there is a question of fee, the medical officer must take as a standard not what men fearing death will pay, but what men recovering from illness will offer."

Translating this for today's doctors, Hassard says "the ancient Roman principle . . . still applies: Where there is a question of fees, the medical man must take as a standard not what the traffic will bear, but the reasonable value of his services measured independently of third-party contracts."

One Wife Free

Government officials in Pakistan get free medical care, and so do their wives. Under Moslem law, each man can have as many as four

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NEWS

wives. Now, as an economy measure, the Pakistani Ministry of Health has announced it won't pay medical bills for more than one wife per official. The husband has to decide which one.

Surgeon Assails Hot-Rod Ambulance Drivers

Speeding ambulance drivers kill "hundreds" of persons every year. And the speeding seldom does the patient any good. All in all, transportation to the hospital is one of the most dangerous parts of being sick. These points have been newly hammered home to the public by Dr. Preston Wade, chairman

of the American College of Surgeons, committee on trauma.

Not only should ambulances slow down, he says; everybody who rides them should get special training. He also urges annual licensing exams for ambulance attendants. Such laws are already in force, he reports, in San Francisco, Minneapolis, Philadelphia, Cincinnati, and several smaller cities.

Doctors vs. Poison

In the medical profession's fight against accidental poisoning, Michigan doctors have come up with a new idea. Every state police post now has an emergency poison

*in hyperexcitable children
with behavior problems!*



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"...highly effective in normalizing the disturbed behavior...[irritability, hyperactivity, hostility, poor sleep habits, enuresis]....No toxic side effects were noted...."^{1,2}

(1) New and Nonofficial Drugs: J.A.M.A. 164:1093 (July 6) 1957. (2) Asung, C. L.; Charcowa, A. I., and Villa, A. P.; New York J. Med. 57:1911 (June 1) 1957.

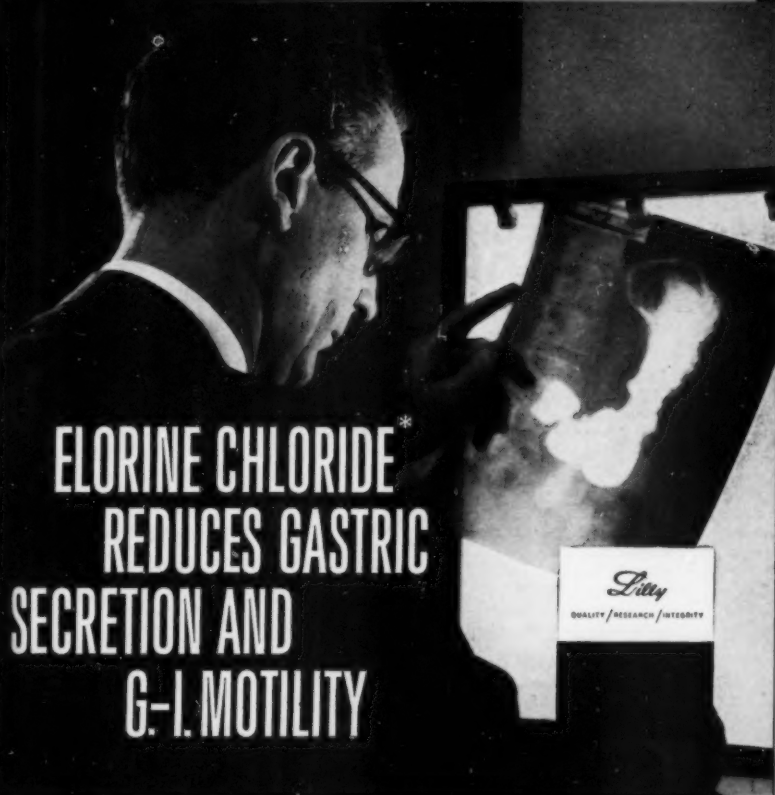
Dosage: Children: 150 mg. (½ tablet) three or four times daily. Adults: 150-300 mg. (½ or 1 tablet) three or four times daily.



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tis, diverticulitis, pylorospasm, and excessive sweating.

Dosage should be tailored to patient tolerance. In peptic ulcer, the average adult dose ranges from 100 to 250 mg. three or four times daily. 'Elorine Chloride' is available in pulvules of 50 and 100 mg.

^{*}'Elorine Chloride' (Tricyclamol Chloride, Lilly)

1. Sun, D. C. H., and Shay, H.: A.M.A. Arch. Int. Med., 97:442, 1956.

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antidote kit, courtesy of the state medical society. The kits include first-aid antidotes for almost every kind of poison.

Free Brandy in Britain

Britain's doctors can now prescribe brandy as well as gin and have the National Health Service pay. The British Health Ministry recently overruled a local committee that had reprimanded a doctor for prescribing nine nips of brandy for an N.H.S. patient.

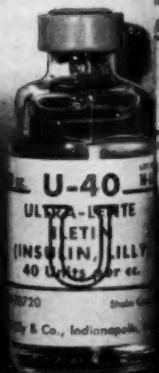
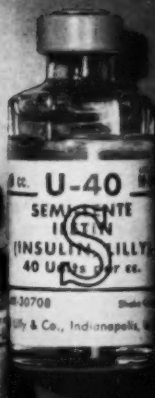
New Automobiles Promise New Fashions in Trauma

What do the latest changes in automobile design signify for doctors? Dr. R. Arnold Griswold of Louisville, Ky., advises you to "expect an increase in the number of ruptured spleens, livers, and other abdominal viscera." Thus the 1958 models are leaving their mark on the injured pedestrians you see.

The typical injuries a few years ago were quite different. Dr. Griswold points out. Originally the "bumper fracture" was a fracture near the knee joint. Then in the Thirties, "four-wheel brakes . . . caused the front bumper to dip downward when the brakes were applied." So "the bumper fracture became a fracture of both bones of the leg well below the knee."

In the cars being built today, Dr. Griswold continues, "the headlight visors are in a vertical line upward

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The Lente family of Iletin (Insulin, Lilly) is free of modifying proteins; thus, the risk of allergic reactions is reduced.

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from the bumper . . . The pedestrian is likely to be hit in the trunk area by these visors at the same time that he is struck in the legs by the bumper." That's why abdominal injuries *plus* broken legs are the new traumatic sign of the times.

Doctor Checks Up on a Patient by Television

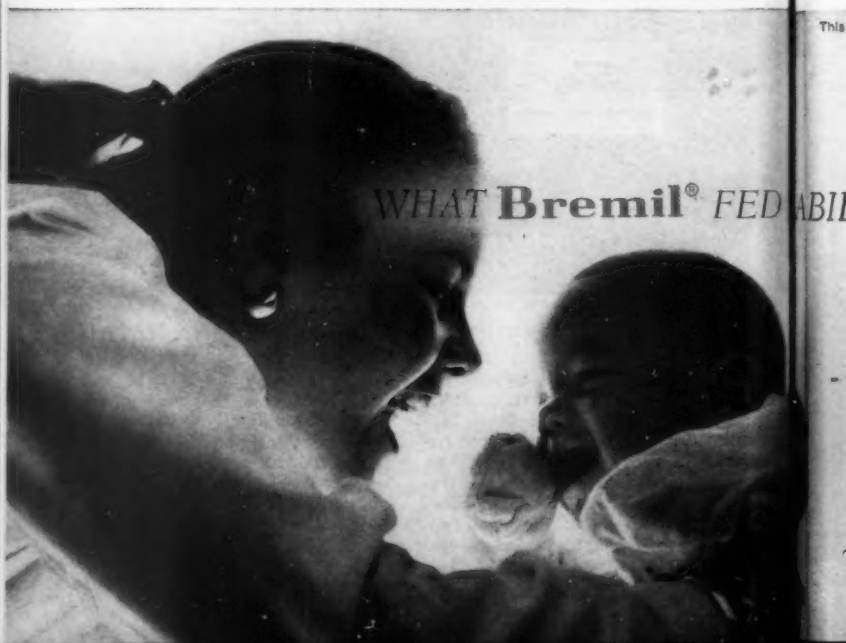
Will physicians ever use TV to check up on their patients? Dr. David G. Welton of Charlotte, N.C., has done it already. At least one of his patients feels he has. Dr. Welton explains his unique achievement as follows:

"Last spring I was invited to

New York to take part in an N.B.C. network television program. After I returned home, one of my patients who had been vacationing in Florida came to see me.

"I had warned this patient not to sun-bathe or go swimming while in Florida lest he aggravate a skin condition," Dr. Welton says. "But he confessed that by the last day of his vacation, the beach looked too inviting to resist. 'To heck with the doctor,' he decided. 'I'm going swimming anyway.'"

"He went back to his hotel room and was donning swim trunks," continues Dr. Welton, "when he glanced at the television set. It happened to be tuned to the local



N.B.C. station—and who should be on the screen but me!

"My patient hastily changed back into street clothes and stayed off the beach."

Mental Ills Insurable?

Yes, Says Expert

Whenever medical men ask why Blue Shield and Blue Cross don't cover mental illness as fully as they do other diseases, the answer comes back: "Such coverage would cost too much."* But according to one expert, this argument doesn't stand up.

*See "Why Can't Blue Cross Cover Mental Ills?" MEDICAL ECONOMICS, June, 1957.

Louis S. Reed, PH.D., has made extensive economic studies of prepayment plans. Here's what he says about the relationship of such plans to mental care costs:

¶ "At present about 2 per cent of all patient-days in short-term general hospitals are for patients in the psychiatric units of these hospitals. This fact indicates that . . . full coverage of psychiatric cases in general hospitals should not increase a health insurance plan's costs by more than 2 per cent."

¶ "If prepayment plans undertook responsibility for the first sixty days of all admissions to all mental hospitals . . . and provided an average of forty-five days [of care]

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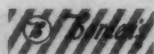
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Tablets, Syrup and Suppositories. Ampuls and Multiple dose vials for immediate effect.

Compazine[★]

the specific for nausea and vomiting

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★T.M. Reg. U.S. Pat. Off. for prochlorperazine, S.K.F.

†T.M. Reg. U.S. Pat. Off. for sustained release capsules, S.K.F.

NEWS

per admission . . . this would represent less than a 10 per cent increase in costs."

Furthermore, one Blue Cross plan has already proved that this isn't just theory, Dr. Reed reports. It covers mental cases for 120 days in general hospitals and for thirty days in other hospitals. The plan's payments for mental cases "amount to 3.2 per cent of its total in-patient payments."

Drugs in Supermarkets

Druggists are getting more and more unhappy about the way supermarkets sell medicines. They've been casting about for an answer

to this competition. The latest, proposed by the editor of Pharmacy International: Press for laws requiring any store that sells medicines to maintain the hours that a pharmacy keeps. That would take them out of the drug business "in a hurry," the editor predicts.

M.D.s Help Train Future Malpractice Attorneys

Malpractice is here to stay, one state seems to have decided. Students at the University of Oklahoma law school are now required to take thirty hours of "Medical Indoctrination for the Attorney."

The lawyers-to-be tour hospitals

Placidyl nudges your patient to sleep

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Medihaler-ISO® Unsurpassed for rapid relief of symptoms of asthma and emphysema.

Isoproterenol sulfate, 2.0 mg. per cc., suspended in inert, nontoxic aerosol vehicle. Contains no alcohol. Each measured dose 0.06 mg. free isoproterenol.

MEDIHALER® *For Ample Air Right Now!*

Millions of asthmatic attacks have been aborted faster, more effectively, more economically with Medihaler-Epi and Medihaler-Iso. Automatically measured dosage and true nebulization...nothing to pour or measure...One inhalation usually gives prompt relief.

Prescribe Medihaler medication with Oral Adapter as first prescription. Refills available without Oral Adapter.

The Medihaler Principle of automatically measured-dose aerosol medications in spillproof, leakproof, shatterproof, vest-pocket size dispensers also available in Medihaler-Phen® (phenylephrine, hydrocortisone, phenylpropanolamine, neomycin) for prompt, lasting relief of nasal congestion.

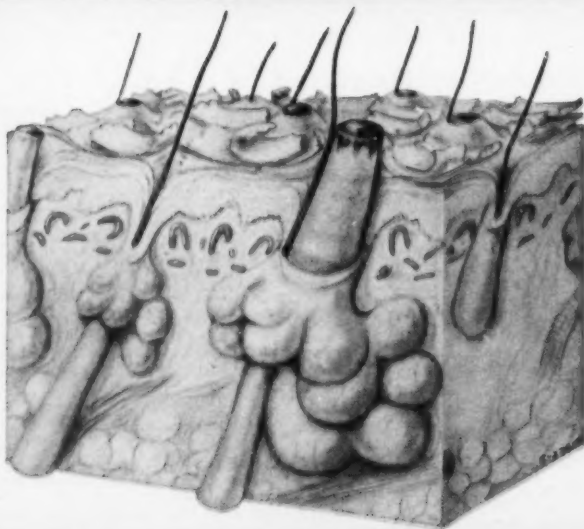


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cut treatment time in half
using half the amount of vitamin A
in **acne,**
eczemas, dry scaly skin

aquasol A

the original aqueous, natural
high-potency vitamin A in capsule form



hyperkeratosis, desquamation and comedone
formation with resultant follicular plugging

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Aquasol A capsules are aqueous

— far faster, more complete absorption of their water-solubilized vitamin A (up to 300% higher blood levels as compared with oily vitamin A).

2

Aquasol A capsules contain natural vitamin A for faster, better utilization.

Natural vitamin A provides all known and fully utilizable physiologically active isomers of vitamin A—as compared with synthetic vitamin A which affords only one isomer, an isomer requiring conversion in the body before it can be utilized in certain enzyme processes.

Vitamin A has become an integral part of therapy in acne, chronic eczemas, excessively dry skin and other hyperkeratotic lesions. Why not use more effective, convenient Aquasol A capsules. Special processing of the natural vitamin A removes potential allergenic non-vitamin materials.

three separate high potencies of

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(water-solubilized natural vitamin A)
per capsule:

25,000 U. S. P. units**50,000 U. S. P. units****100,000 U. S. P. units**

bottles of 100, 500 and 1000 capsules



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and medical centers. They talk to doctors. They hear lectures on such things as medical terminology, the legal implications of medical research, the effects of trauma. The whole project was supervised by Dr. William N. Harsha of Oklahoma City, an orthopedic surgeon who is also a lawyer. Oklahoma doctors and lawyers are giving it their enthusiastic support.

'Responsibility Pill'

What one medicine would do the most good today? According to Psychiatrist Keith S. Ditman of Los Angeles, it's a "responsibility pill." He'd like drug manufacturers to produce a drug "that integrates man with reality, improves his behavior, and reduces his all-too-frequent impulsiveness."

Patients Get Apology for Medical Office Mistakes

What do you do when you discover your office help has been sending bills to the wrong persons and speaking brusquely to patients over the telephone?

One obvious answer is to make some changes in your office staff. But for one West Coast general practitioner, that wasn't enough. He also apologized in a letter to all his patients.

"Doctors are generally pretty poor business men," he wrote, "and

I've found that I've been one of the poorest. Fortunately the bookkeeping errors made by my previous bookkeeper were over a period of only two months and are gradually being corrected. If you'll be patient with us, we'll make them all come out even.

"You can feel free to call the office now without worrying about what kind of an answer you'll get over the phone," the doctor continued. "There's been something of a shake-up in the office . . . If you'll bear with us a while longer, we'll make this the kind of office it used to be."

The doctor also urged his patients to speak up about medical office snafus in the future. "The thing that surprises me," he wrote, "is that so many of you just accepted things as they were without saying anything to me about it. If in the future you have any complaint . . . please feel free to make it. If you'd rather not say anything in the office, you can call me or write me at home. If you'd rather not be identified with your complaint, you can still write it without a signature."

Slow Compensation

If doctors don't get paid promptly in Workmen's Compensation cases, it's apt to be their own fault. That's the report from Angela R. Parisi, chairman of New York's Work-

**PROVED BY
EXPERIENCE
IN
MILLIONS
OF
PATIENTS**



Terfonyl
Squibb Triple Sulfas

**a well tolerated, highly soluble
sulfonamide preparation
therapeutically established for
your clinical use**

For many urinary, respiratory and other bacterial infections...

... you'll find Terfonyl a drug of choice because of its high degree of efficacy, maximum safety and wide patient acceptability. To date, physicians have prescribed Terfonyl for millions of patients with excellent results.

Advantages of Terfonyl

- clinically proved in millions of patients
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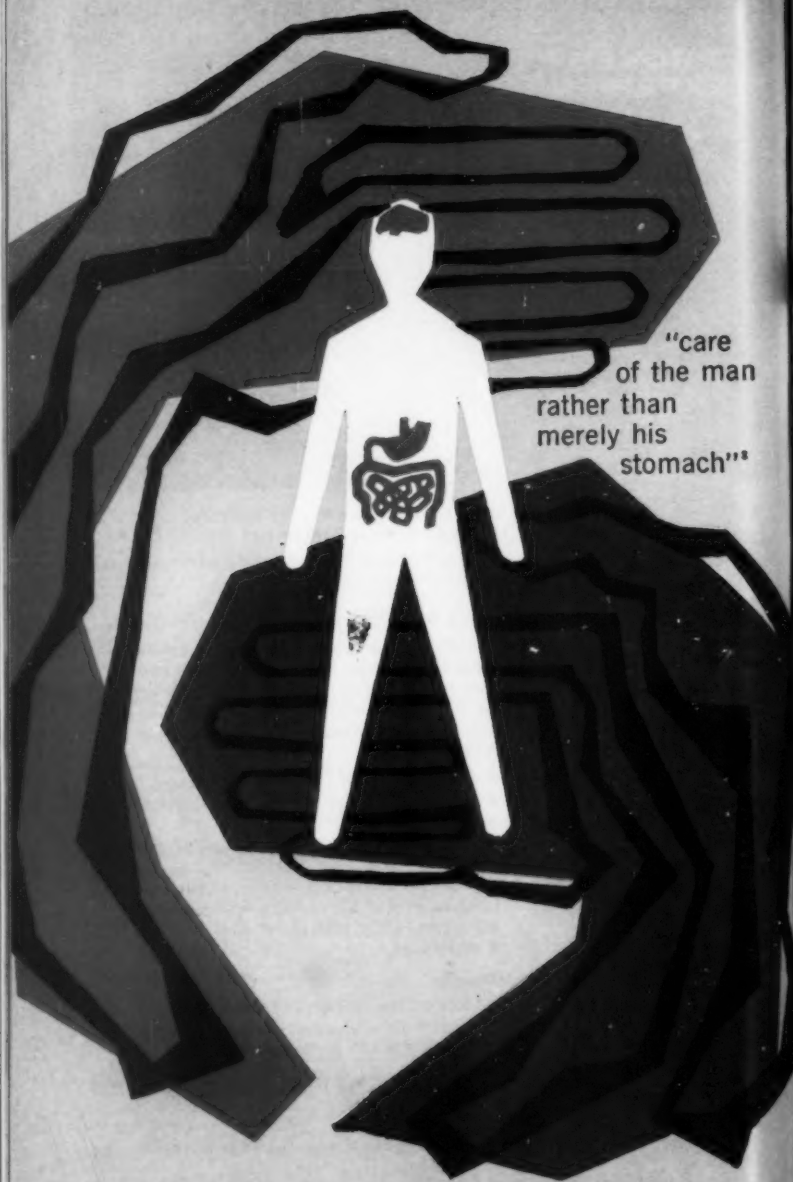
Tablets, 0.5 Gm., bottles of 100 and 1000.
Raspberry-flavored Suspension, 0.5 Gm. per teaspoonful (5 cc.), pint bottles.

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"Milpath"

Miltown®  anticholinergic

two-level control of gastrointestinal dysfunction

at the central level The tranquilizer Miltown® reduces anxiety and tension.^{1, 3, 6, 7}

Unlike the barbiturates, it does not impair mental or physical efficiency.^{6, 7}

at the peripheral level The anticholinergic tridihexethyl iodide reduces hypermotility and hypersecretion.

Unlike the belladonna alkaloids, it rarely produces dry mouth or blurred vision.^{2, 4}

indications: peptic ulcer, spastic and irritable colon, esophageal spasm, G. I. symptoms of anxiety states.

each "Milpath" tablet contains:

Miltown® (meprobamate WALLACE) 400 mg.
(2-methyl-2-n-propyl-1,3-propanediol dicarbamate)

Tridihexethyl iodide 25 mg.
(3-diethylamino-1-cyclohexyl-1-phenyl-1-propanol-ethyl iodide)

dosage: 1 tablet t.i.d. at mealtime and 2 tablets at bedtime.

available: bottles of 50 scored tablets.

references: 1. Altschul, A. and Billow, B.: The clinical use of meprobamate (Miltown®). *New York J. Med.* 57:2361, July 15, 1957. 2. Atwater, J. S.: The use of anticholinergic agents in peptic ulcer therapy. *J. M. A. Georgia* 46:421, Oct. 1956. 3. Borrus, J. C.: Study of effect of Miltown (2-methyl-2-n-propyl-1,3-propanediol dicarbamate) on psychiatric states. *J. A. M. A.* 157: 1596, April 30, 1955. 4. Cayer, D.: Prolonged anticholinergic therapy of duodenal ulcer. *Am. J. Digest. Dis.* 1:301, July 1956. 5. Marquis, D. G., Kelly, E. L., Miller, J. G., Gerard, R. W. and Rapoport, A.: Experimental studies of behavioral effects of meprobamate on normal subjects. *Ann. New York Acad. Sc.* 67:701, May 9, 1957. 6. Phillips, H. E.: Use of meprobamate (Miltown®) for the treatment of emotional disorders. *Am. Pract. & Digest Treat.* 7:1573, Oct. 1956. 7. Selling, L. S.: A clinical study of Miltown®, a new tranquilizing agent. *J. Clin. & Exper. Psychopath.* 17:7, March 1956. 8. Wolf, S. and Wolff, H. G.: *Human Gastric Function*, Oxford University Press, New York, 1947.



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treat her morning sickness. e m



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clinical studies show that in 941 cases,^{1,2} BENDECTIN was effective in all but 17. This exceptional relief of nausea and vomiting in pregnancy for 9 out of 10 patients, is provided by a simple dosage of Bendectin timed-action tablets* at bedtime. Bendectin at bedtime, no nausea at breakfast, means your patients' mornings are free of apprehensive waiting, psychological triggering of nausea. This unusually effective relief is provided by three distinct and complementary modes of action:

Antispasmodic—Bentyl relaxes G-I smooth-muscle spasm.

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Nutritional Supplement—Pyridoxine becomes possible Vitamin B₆ deficiency pregnancy.

References:

1. Nelson, R.O.: Ohio State M.J. 53: 665, 1957.
2. Clinical communications, 1956-57.

Moderate Patient Cost

For relief of nausea and vomiting before it starts, prescribe... BENDECTIN

Information:

Each tablet contains:

Bentyl (dicyclomine) Hydrochloride ... 10 mg.
Decapryn (doxylamine) Succinate 10 mg.
Pyridoxine Hydrochloride 10 mg.

Usual Dosage: 2 tablets at bedtime. In severe cases 1 additional tablet in the morning and another in midafternoon may be needed.

Applied: Bottles of 100 tablets... timed to relieve morning sickness before it starts.

Each BENDECTIN tablet is specially coated to assure ease of medication four to six hours following onset.

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NEWS

men's Compensation Board. Up to 35 per cent of the hearings on contested claims have to be adjourned because doctors don't show up to testify, she says. This is the thing most likely to "delay payment of your bill."

Free Choice of Doctor Behind But Gaining

The principle of free choice of physician gained some ground recently among workers whose union lets them pick either free-choice or closed-panel health insurance.

Every year, District 65, the New York City affiliate of the Retail, Wholesale and Department Store Union asks each of its members which he prefers: (a) "to choose my own doctor and receive cash allowances on my doctor bills," or (b) "to use H.I.P. [Health Insurance Plan of Greater New York] doctors and receive all medical care through a medical group."

A year ago, some 13,200 of the workers chose H.I.P., while only about 8,100 picked the free-choice plan. This year more workers voted than last. Free choice picked up some 2,400 more subscribers (new total: 10,500); H.I.P. gained only about 300.

30% Neurotic

The majority of doctors in one area say that 30 per cent of their patients suffer from neuroses. A survey conducted for the State of New

FOR THE 49^{*} OUT OF 50 WHO ARE



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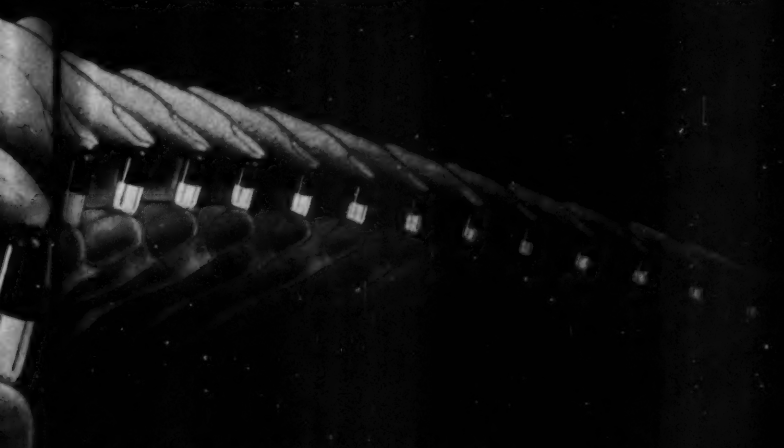
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in the form of a resin complex. Three strengths—
Biphphetamine 20 mg., 12½ mg., 7½ mg.

*A leading life insurance company statistic.

NEWS

Jersey also reveals that nearly half the doctors report 10 per cent or more of their patients could use psychiatric care.

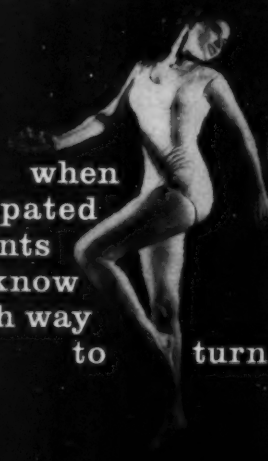
Too Casual With Radium? These Doctors Were

Old radioactive substances are being handled less carefully than some of the new ones. "Radium," for example, "is frequently handled with negligence," according to Dr. Jan Lieben of the Pennsylvania Department of Health. He illustrates his point with case histories from three different hospitals:

1. A surgeon was allowed to

store 120 mg. of radium in a hospital safe "designed for 50 mg. of radium . . . The patient who was in the room below in her bed received . . . 48 mr. each day." When this was discovered, the surgeon took his radium home and stored it "in an empty room immediately above [his] bedroom, exposing him and his wife to 2 mr. for each hour of sleep!"

2. A patient returned from the operating room after 30 mg. of radium had been inserted for treatment of a pelvic cancer. "The patient's chart was not marked," says Dr. Lieben. "The patient sharing the room . . . received 5 mr. per hour." And a special-duty nurse



when
constipated
patients
don't know
which way
to turn

bile salts
mild laxatives
digestants

zilatone
TABLETS

for gentle, prompt
relief and correction
of constipation

For samples, write

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Documentary Case History . . .

Hypertension controlled for four years with **Serpasil**

(reserpine CIBA)



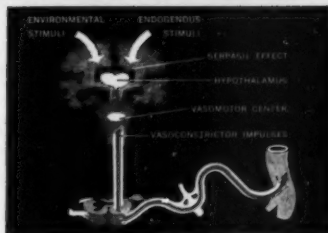
K. C., a 67-year-old retired shirt manufacturer, had a 16-year history of hypertension, was troubled by recurrent dizzy spells and headaches. "I'd get several attacks a day. . . . Usually I'd go into the bedroom and lie down." Serpasil therapy was started four years ago, effecting a gradual reduction of the patient's initial blood pressure of 220/120 mm. to the present 140/80. Now well and asymptomatic, ". . . I'm able to go to matinees and see some of the TV shows."

SUPPLIED: TABLETS, 4 mg. (scored), 2 mg. (scored), 1 mg. (scored), 0.25 mg. (scored) and 0.1 mg. ELIXIRS, 1 mg. and 0.2 mg. Serpasil per 4-ml. teaspoon. PARENTERAL SOLUTION: Ampuls, 2 ml., 2.5 mg. Serpasil per ml. Multiple-dose Vials, 10 ml., 2.5 mg. Serpasil per ml.



Hypertension controlled through SYMPATHETIC REGULATION

Serpasil shields the psychic and somatic reaction centers from emotional and environmental stress stimuli, thereby inhibiting the discharge of vasoconstrictive impulses through the sympathetic nerves.



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Adapted from Moyer, J. H., Dennis, E., and Ford, R.: Arch. Int. Med. 96:530 (Oct.) 1955.

MEDICAL ECONOMICS • APRIL 14, 1958 61

sat right next to the bed, where the exposure was 20 mr. per hour.

3. A gynecologist stored 100 mg. of radium needles in his hospital dressing room. When a reading was taken there, Dr. Lieben recounts, "the Geiger counter went off scale at 25 mr. per hour. [Later] measurements . . . showed that outside the locker 150 mr. would be received in an hour's exposure."

More Socialism Would Help Medicine, He Says

"The defect of Britain's National Health Service is not in too much socialism, but in too little." So says Dr. George A. Silver, chief of the Division of Social Medicine at New York City's Montefiore Hospital, writing in *The Nation*.

He has visited the British Isles three times since the N.H.S. began. Its problems, he believes, "stem partly from penny-pinching conservatism in government and partly from a tradition-bound medical profession. Curiously enough, these are the defects that plague our own health services in the United States."

Britain's original plan might well have overcome these defects, Dr. Silver says: "Funds were to be made available to remodel and renovate old hospital facilities and encourage the development of local health centers for closer liaison among physicians." But the funds

never materialized—and neither did the closer liaison among physicians.

Today, Dr. Silver reports, British G.P.s "lead their lives in their 'surgeries,' maintaining no connection with hospitals. The hospitals are independently staffed with 'consultants' (specialists) paid now by the Health Service. And general practitioners and consultants never meet or associate."

This separation simply won't do in the twentieth century, as Dr. Silver sees it. "While the family doctor is still necessary," he says, "the general practitioner is outdated. Specialized knowledge shifts and expands so rapidly that only highly trained specialists can apply it. These specialists must have an organization for communicating with each other, enabling them to economize on time and effort." This is group practice. And group practice needs a center—a physical home . . .

"For the United States," he concludes, "the picture and the lesson are clear. A plan for removing the economic barrier to twentieth-century medical care has to be coupled with a program for [modernizing] medical practice . . . It has to add physicians in far greater numbers, train them adequately in specialties, provide a framework for group practice . . . and offer modern, easily available facilities and equipment."

END

Raise the Pain Threshold

WITH **MAXIMUM SAFE ANALGESIA**

Phenaphen with Codeine provides intensified codeine effects with control of adverse reactions. It renders unnecessary (or postpones) the use of morphine or addicting synthetic narcotics, even in many cases of late cancer.

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Also —

PHENAPHEN in each capsule

Acetylsalicylic Acid 2½ gr. . . (162 mg.)

Phenacetin 3 gr. (194 mg.)

Phenobarbital ¼ gr. (16.2 mg.)

Ethoquinamine sulfate (0.031 mg.)

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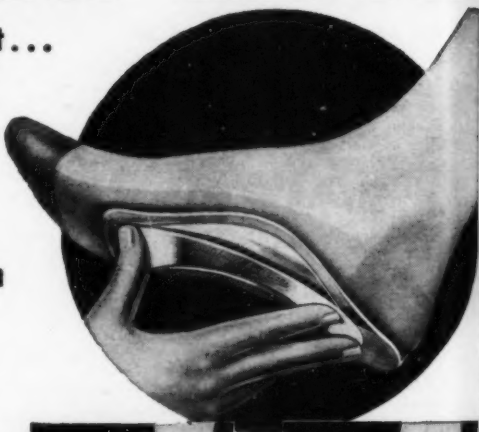
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Rheumatoid Foot
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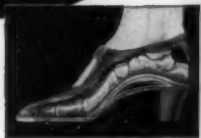
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Excessive Fatigue
due to Foot Strain
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Quickly Relieved
This Simple,
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FOOT-EAZER



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THESE symptoms, so common among persons who walk or stand for the most part during their working hours, are quickly relieved when patients are fitted with Dr. Scholl's Foot-Eazers. By easing muscular and ligamentous strain of the weakened arch structure, Dr. Scholl's Foot-Eazers

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wood, Houston, Huntington Park, Indianapolis, Jackson Hgts., L. I., Jamaica, L. I., Joliet, Kansas City, Kenosha, Lancaster, Lansing, Long Beach, Los Angeles, Milwaukee, Minneapolis, Muskegon, New Haven, Newark, N. J., New York, Oakland, Omaha, Peoria, Philadelphia, Phoenix, Pittsburg, Plainfield, N. J., Portland, Maine, Portland, Ore.,

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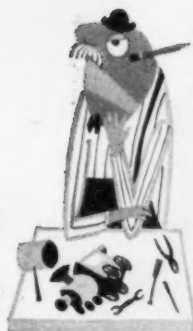
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When your geriatric patient complains of appetite loss, weight loss, fatigue, or underweight...when you suspect a concomitant nutritional iron deficiency...counteract this "run-down syndrome" with

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*the high potency preparation ...
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broad spectrum antibiotics
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have just a devil of a time
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the only annoying complication
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is moniliasis.*"*

*Long, P. H. in Long, Kneeland, Y. Jr., and Wortis, S. B.:
Bull. New York Acad. Med. 33:552 (Aug.) 1957.

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at infections
plus protection
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THESE ARE YOUR PATIENTS WHO MAY HAVE "JUST A DEVIL OF A TIME WITH MONILIASIS"

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Today, many doctors, lawyers, professional and business men of all kinds are going into the self-service laundry business. The reasons are obvious. Many of these new-type laundry stores are delivering excellent returns on a small capital investment.

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Small initial investment: The overall cost of opening one of these stores, equipped with Philco-Bendix Commercial Washers, is surprisingly low. Return is so rapid that many investors amortize the total cost within a year. Local Philco-Bendix Commercial Laundry distributors can provide financial data from other stores in the area.

Act now! Why not investigate this exciting new business opportunity today! Send the coupon below for full information. Complete data on business locations in your area and valuable help in all phases of planning, financing and promoting a coin-operated laundry store are available from local distributors.

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Please send me information on Philco-Bendix Commercial Washers . . . also the name of my local distributor.

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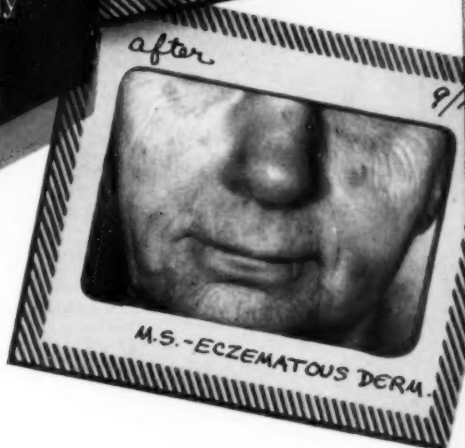
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Medical Economics

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, APR. 14, 1958



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This state's physicians have started their own insurance company. Will it set a new pattern?

By R. W. Tucker

As the cost of malpractice insurance continues to climb, more and more doctors are feeling it. Many think that the insurance companies are charging more than necessary for such coverage—and profiting more, too. Now, in one state, the doctors who feel this way are doing something about it.

Colorado physicians are organizing their own malpractice insurance company. They figure it will cut their malpractice premiums substantially below what they've been. Here's why:

Insurance companies have been collecting an average

NEW ANSWER TO HIGH MALPRACTICE RATES

of about \$100 a year per Colorado physician for malpractice coverage.

But the actual cost of defending malpractice cases and paying damages has been demonstrably lower. The state medical society's medicolegal committee reports that the companies had to spend only \$25.05 per doctor annually during a recent seven-year period.

One-Fourth Lower Rates

There'll be no such disparity between rates and costs of the new Empire Casualty Company. Empire Casualty is to be entirely doctor-owned and doctor-run. Last month, after a year of planning and negotiating, it began to offer professional liability insurance at premium rates 25 per cent below the Colorado rates of all the big stock insurance companies affiliated with the National Bureau of Casualty Underwriters.

If, as now seems likely, it becomes a going concern, the Colorado company may well be the beginning of a trend.

Each physician in the state is entitled to buy one share of Empire Casualty common stock at \$150. At present, stockholders

only are entitled to buy insurance from the company. Dr. George R. Buck, prime mover behind the new organization,* explains that there's a special reason for insisting on doctor-ownership:

"Every stockholding member will realize—as many physicians too often fail to realize under our present insurance system—that whenever the green-eyed monster of professional jealousy might try to persuade him to disparage another doctor's work without full justification, he [will] be risking his own pocket-book."

Two Problems Licked

The doctors' malpractice insurance company had two hurdles to clear before it could get going. First, under Colorado law, it had to raise an initial \$75,000 capital. This turned out to be no problem. "We already have 419 stockholders," Dr. Buck reports. "And we anticipate getting at least 600 more within a short time." Additional funds were raised through an issue of preferred stock.

*He's also president of the company. Other officers and directors include Drs. James P. Rigg, Cyrus W. Anderson, Kenneth H. Beebe, and Robert P. Harvey.

The second hurdle was reinsurance. This was finally obtained through Lloyds of London. Lloyds underwriters will cover all damages in excess of \$5,000, up, to the limits of the individual policy.

So far, the only policy offered has \$100,000 limits of coverage. Premium rates for medical men are \$108 a year; for surgeons, \$188; for men who do X-ray therapy, \$270.72. Thus, the premium for many physicians will be steeper than before—but only because they'll be paying for more coverage than they used to have.

"At present," says Dr. Buck, "we're not planning to offer any smaller policies. Considering the large sums people are suing for these days, we feel that any less coverage would be unrealistic."

Who's handling the day-to-day management details for the doctors? The firm of Garrett-Bromfield & Co., which Dr. Buck describes as "one of our larger and better-known Colorado firms dealing in real estate, investments, and insurance." The doctors worked out a management contract whereby Garrett-Bromfield does all the selling, billing, collecting, policy issu-

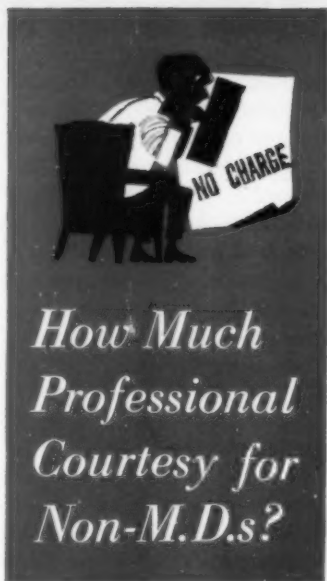
ance, etc., for 20 per cent of the premiums.

Empire Casualty's articles of incorporation allow it to sell insurance to "all persons authorized to practice medicine or dentistry or kindred arts in the state of Colorado." The company is also permitted to do business "beyond the limits of the state . . . if necessary."

Right now, there's no thought of selling out-of-state policies. But Dr. Buck notes that "we've already had inquiries from four other states in this area."

Which means that the traditional pattern of malpractice protection may be due for a drastic change in more than one medical community. END





How Much Professional Courtesy for Non-M.D.s?

This survey of over 1,000 doctors shows the extent to which they give free care to 36 different kinds of patients—clergymen, dentists, druggists, hospital associates, medical students, nurses, etc.

By Hugh C. Sherwood

In spite of occasional protests from doctors and their wives, the typical physician still treats his colleague and his colleague's family without charge. But to what sort of non-M.D.s does he extend similar courtesy? How does he handle the knotty problem of free care or discount care to such people?

In a nation-wide survey of more than 1,000 doctors, MEDICAL ECONOMICS has turned up some significant answers to these questions. For instance:

¶ All but one of the surveyed doctors gives some form of professional courtesy to certain non-M.D.s. The possible exception is a New York State psychiatrist. Even he sometimes doesn't charge for diagnostic services.

THIS ARTICLE is the first of several based on a survey of doctors' habits in granting professional courtesy to non-M.D.s.

¶ The typical respondent offers special rates (or none at all) to about 2 per cent of his patients. The figure rises to 5 per cent in the typical specialty practice. And a 10 per cent figure is by no means rare. One Kansas internist says he treats *80 per cent* of his patients on some kind of courtesy basis. Generally speaking, he explains, it's because people have been so nice to him.

¶ By and large, courtesy care is limited to persons in professions allied to medicine, to close friends and relatives, and to clergymen. But some doctors also knock down their fees for teachers, social workers, and the like. One Ohio G.P. reports that he gives free check-ups to the local high-school football and basketball teams in exchange for season passes to their games.

¶ Where care isn't given entirely without charge, the most common discount seems to be 50 per cent. But token reductions of only 10 or 20 per cent are not at all uncommon.

¶ The prevailing motive for granting courtesy appears to be a sense of kinship—as with family and friends—or of professional duty—as with medical office workers and medical students. Sometimes, though, discount care is seen as practice-building (when given to druggists, for example).

So much for broad conclusions. In the following tables, some of the survey's more important findings are set forth in more detail.

The first eight tables show the percentages of respondents who make no charge, give discounts, or charge full fees to specific kinds of non-M.D. patients: dentists, druggists, nurses, medical students and hospital associates, members of allied professions, office and household employees, clergymen, and friends and relatives. The final

HOW MUCH COURTESY FOR NON-M.D.s?

table deals with the effect of the type of service they give on the respondents' professional courtesy policies.

What the Respondents Usually Charge Dentists

	No Charge	Discount	Full Fee
Their family dentist	62%	26%	12%
His family	45	34	21
Other dentists	31	41	28
Their families	23	36	41

Though most of the doctors extend some kind of professional courtesy to dentists and their families, the respondents' comments indicate they don't always do it with enthusiasm. Remarks an Indiana dermatologist: "I make no charge *if* I'm in the midst of having some dental work done." And a Kansas generalist wryly reports: "My dentist ups my bill and then gives me a discount. So I do likewise."

Why do you and your colleagues feel obliged to give at least a discount to the dentist? Well, dentistry is an allied profession; and the courtesy seems to be pretty much reciprocal, the respondents report.

What the Respondents Usually Charge Druggists

	No Charge	Discount	Full Fee
Druggists they know	42%	37%	21%
Their families	35	43	22
Other druggists	11	29	60
Their families	8	25	67

Professional courtesy here is generally on a tit-for-tat basis. If a doctor knows a druggist and does business with him, he's likely to give him at least 25 per cent off. A

Louisiana G.P. puts the case in its most practical terms: "The druggists I know personally have helped me to establish my practice by obtaining supplies wholesale for me and by recommending me to patients."

The druggist you don't know evidently gets very different treatment. More than half the surveyed men charge him full fees. And their comments indicate they feel they deserve the money, since he can be a difficult patient. Says one New York State surgeon: "I think it takes more time to treat people in the quasi-medical fields than to treat the average patient. People like druggists, dentists, and nurses know just enough about medicine to be bothersome, if they choose to be. And often enough, they do choose to be."

Another New Yorker cites a case in point: "I once prescribed 30,000 units of antitoxin for a druggist's child who had diphtheria. The druggist told me: 'I've never sold more than 5,000 units for one patient.' And he argued for quite a while about the prescription."

What the Respondents Usually Charge Nurses

	No Charge	Discount	Full Fee
Nurses they've worked with	66%	28%	6%
Nurses they haven't worked with	24	54	22
Married nurses	16	37	47
Nurses' families	7	24	69

There are a variety of reasons why most physicians have special rates for nurses. A California anesthesiologist mentions his "indebtedness to the R.N.s who are in large measure responsible for my safe and successful practice." A California G.P. says he's always glad to help "those underpaid, overworked girls." A New York State G.P. treats almost any nurse at a discount "in order

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to avoid embarrassment when I later meet her in the hospital."

A young Louisiana generalist has a system all his own: "Pretty—no charge. Ugly—full fee. Jealous husband—refuse to see." No other respondent mentions *jealous* husbands. But many of the doctors report they're less likely to reduce rates for married nurses than for single ones. Explains a New Jersey internist: "I don't see why I should help support another man's wife."

What the Respondents Usually Charge Medical Students And Hospital Associates

	No Charge	Discount	Full Fee
Medical students	87%	8%	5%
Their families	63	13	24
Hospital administrators	51	16	33
Laboratory technicians	27	38	35
Physical therapists	21	34	45
Other hospital personnel	14	36	50

Note how high the medical student stands on the no-charge list. The reason, as stated by a Massachusetts M.D.: "When I was a medical student with a wife and four children, I always appreciated the help other physicians gave me. It's during this period, more than after they've graduated, that such people are most in need of free care."

As for hospital associates, the higher they are on the totem pole, the more likely they are to get full professional courtesy. As a New York internist puts it: "When you grant the administrator professional courtesy, it may mean a direct endorsement to the trustees."

Several of the surveyed physicians explain that there

are simply too many hospital personnel, and the line has to be drawn somewhere. A typical comment: "I could fill up my office every day if I gave free care to all the girls from the local hospital."

What the Respondents Usually Charge Members Of Other Allied Professions

	No Charge	Discount	Full Fee
Optometrists	17%	19%	64%
Their families	12	18	70
Osteopaths	26	9	65
Their families	21	10	69
Veterinarians	20	25	55
Their families	17	22	61

The above table indicates that M.D.s have relatively little fellow feeling for the optometrist, the veterinarian,



HOW MUCH COURTESY FOR NON-M.D.s?

or the osteopath. When they do grant courtesy to such practitioners, it's usually in return for services rendered. Thus, a Washington State G.P. reports: "The only osteopath I have as a patient refers his surgical cases to me." Unlike their urban counterparts, rural doctors are especially likely to grant professional courtesy to veterinarians. Typical reason: "I run a ranch. The veterinarian takes care of my cows. I take care of him," says a Colorado general practitioner.

What the Respondents Usually Charge Their Employees

	No Charge	Discount	Full Fee
Office workers	95%	4%	1%
Their families	65	20	15
Domestic workers	66	17	17
Their families	43	22	35

The surveyed doctors are more likely to grant full professional courtesy to their office workers than to any other group of laymen. Most of the respondents regard medical care as a fringe benefit to which the employees are entitled. A Tennessee G.P. voices the common sentiment: "I feel they're often worth more than we pay them. This is one way to compensate."

What the Respondents Usually Charge Clergymen

	No Charge	Discount	Full Fee
Clergymen of their own faith	78%	16%	6%
Their families	71	19	10
Other clergymen	58	30	12
Their families	51	32	17

"I don't go to church myself," a Missouri surgeon declares. "But I believe that ministers really deserve pro-

fessional courtesy. They have a thankless job and are greatly underpaid." Which expresses the consensus of churchgoers and non-churchgoers alike.

Even so, the sentiment isn't unanimous. Some of the respondents wish they could draw the line somewhere. A California neurologist admits he treats preachers free only because he's "afraid of censure" if he doesn't. And several other doctors say they resent the fact that some ministers act as if they had a divine right to a discount.

What the Respondents Usually Charge Friends and Relatives

	No Charge	Discount	Full Fee
Close friends	30%	14%	56%
Immediate relatives	90	4	6
More distant relatives	56	18	26
In-laws	86	5	9

"I don't permit my friends to pay me. If you break bread with a person; you can't charge him for your professional services," says a New York dermatologist. But most of his surveyed colleagues disagree. They think any such policy more likely to destroy friendships than to cement them. As a Californian expresses it: "Treat them free and see how long they remain your 'close friends.'"

As the table indicates, relatives are a different kettle of fish. They expect professional courtesy, and they get it. A Virginia ophthalmologist sums up the typical doctor's attitude: "What else can I do?"

A minority answer comes from a New Yorker: "I charge my sisters, brothers, and nieces full rates, mostly so they won't bother me but will go away to another doctor. But I do everything free for my in-laws. My relatives

HOW MUCH COURTESY FOR NON-M.D.s?

can say whatever they like about me, but I don't want to get in bad with my wife's relatives."

How Respondents' Policies on Professional Courtesy Apply to Specific Services Rendered

95% follow their usual policies for routine office visits

94% follow their usual policies for routine house calls

95% follow their usual policies for late night calls

94% follow their usual policies for hospital visits

94% follow their usual policies for minor surgery

93% follow their usual policies for major surgery

94% follow their usual policies for chronic conditions

The amazing thing about the above table is its uniformity. What it boils down to is this:

Once the typical doctor decides to extend professional courtesy to an individual, he extends it all the way. If he doesn't charge his dentist's wife, say, for treating her cold, he won't charge her for even the most time- and energy-consuming operation.

Exactly how far will M.D.s go in giving courtesy?

A New York City internist says: "I've taken care of the parents of one of my technicians for over three years. Both have severe heart disease. The mother has developed embolism in both legs. She's been in the hospital most of the last few months. When she's there, she needs daily visits; when at home, frequent house calls."

An Arkansas G.P. gives free and complete care to 180 seminary students and sixty-five convent nuns. "By complete care," he says, "I mean all services—office, home, and hospital calls, medications, lab work, X-rays, etc. It requires ten to twelve office calls a week, and one patient is hospitalized most of the time." END

RECESSION?

It's Not That Bad, Collection Agencies Say

By Robert L. Brenner

How's the doctor's business holding up under all the recession talk? Surprisingly well, according to the men who handle his overdue accounts.

MEDICAL ECONOMICS spot-checked medical collection agencies and professional management men all over the country late last month. Their reports boil down to this:

¶ In the areas hardest hit by unemployment, doctors' collections are down a bit—10 per cent, 15 per cent, occasionally even 20 per cent below last year's. But these so-called "distress areas" are relatively few. They're concentrated chiefly in Massachusetts, Michigan, New Jersey, and Pennsylvania.

¶ In most other areas, doctors' collections are running from 5 per cent below to 5 per cent *above* last year's. This is true even in large cities you'd expect to be most vulnerable to a recession—e.g., Pittsburgh, New York, and Chicago.

¶ In nearly all areas, recession *talk* is more of a problem than recession itself. Many people are reading the headlines, hanging onto their savings, postponing payment as long as the doctor will let them. Some are postponing payment even though they've already received the insurance money meant to cover their doctor bills.

Which patients are using the recession as an excuse for not paying? Which are in real trouble and therefore

RECESSION? IT'S NOT THAT BAD

justifiably delinquent? Every doctor has to answer these questions for himself. But the answers may come easier if he knows what collectors report from key areas around the U.S.

Where It's the Worst

Let's take the bad areas first:

In Michigan, the workers laid off by the automobile industry are understandably delinquent in paying their bills. Many of them are mailing back the doctor's statement with just one word scrawled on it: *UNEMPLOYED*. Detroit doctors are feeling the pinch more than most others. Some reports from collectors there:

"Doctors are turning over more accounts to us for collection than in any recent year—at least one-fifth more than last year at this time . . ."

"We're collecting 16 per cent less than we did during this month a year ago . . ."

Throughout the state (and outside it too) other durable goods manufacturers have been laying off workers. There's not much that collectors can do in such cases—or that doctors would expect them to do. So a philosophic, even optimistic

point of view is developing. As one Michigan collection man expresses it:

"A lot of us have been crying, but when you get right down to the figures, they're not as rough as we thought. We're beginning to look for a pick-up in the spring."

In Massachusetts, another bad area, fewer workers are being laid off. But in some textile and electronic industries, workweeks have been reduced to two or three days. This has produced more of a slow-down than a complete stoppage of doctors' collections.

"Doctors are turning more accounts over to us," says a collector in Springfield, Mass., "because they're a little scared. But our collections are holding up all right."

'Insurance Money Banked'

"People are coming in with partial payments and asking for more time. But a banker friend tells me that savings accounts in our local banks are higher than they've ever been. And in the last few days, three doctors have asked me to collect from patients known to have received insurance money for the medical services in question. Apparently the

money had been banked instead of being paid to the doctors."

Another Massachusetts collector reports that delinquent debtors tell him things like this:

"I can't possibly pay the doctor. You see, my wife isn't working any more . . ."

"I've lost my overtime. The doctor will just have to wait . . ."

"How can I keep up my car payments, my mortgage payments, my installments on three loans, and still pay the doctor?"

"I used to have two jobs. Now I just have one."

After two months of listening to such statements, a Boston collector concludes: "The recession is real around here. But not for most patients."

Same in Other States

Strikingly similar reports come from other New England states. A collector in New Haven, Conn., says: "This is primarily a factory town, and there's been a direct cutback. The doctors discovered all of a sudden that their accounts receivable were mounting up. Some of them have called in a collector for the first time in their professional lives."

"But most people here aren't in real trouble. They got accus-

tomed to overtime pay and spent all they made. Now that they're back on regular pay, the physician is the one they're letting wait. After all, he can't take back that medicine he gave them!

"Pretty soon I think these people will get adjusted. Then they'll show a greater sense of responsibility. And this will present a more normal picture than the previous wild spending."

Is It Real?

That's the situation in areas where the recession is real. In quite a few other areas, there's considerable question as to whether it's real or not. Typical of these places are Los Angeles and Washington, D.C.

"Some doctors around here think that things are going to hell in a handbasket," says a Los Angeles collector, "but I don't believe it's true. Doctors turned over fewer accounts to me during the early part of 1958 than during early 1957."

"So many people have health insurance out here, it would take a real recession to make much of a dent in the doctor's business. Many G.P.s get more than 50 per cent of their income from third-party pay- [MORE ON 234]

Does Medical Writing Pay Off?

*The rewards are great,
says this medical editor.
But if your aim is fast
royalties, better check this
list of expenses first. It's
cheaper to buy a new car*

By Richard H. Orr, M.D.



"You know that little book I did last year on the common bile duct?" a friend said to me the other day. "For what it cost me, I could have bought a new Jaguar and had enough left over for a week-end in Bermuda. Medical writing is too damned expensive!"

I hear similar complaints from other doctor-writers. And my career in medical publishing has taught me that they're at least partly justified. It's a fact that almost any medical article today will cost its writer at least a couple of hundred dollars. A medical book will set him back ten to twenty times as much.

Yet my friend who dreams of Jaguars he might have bought keeps turning out books—and footing the bills. So do thousands of other doctors. Last year, more than 400 new medical books came off the presses. And more than 75,000 medical articles appeared in U.S. professional journals.

Why do America's doctors go on writing for publication in spite of the expense? Because the results can't be measured in money alone. I'll have a word to say about that later. First, for those of you who are thinking of taking the plunge (which means most doctors), let's examine writing costs.

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There was a time when you could submit a relatively crude manuscript to a medical editor and expect him to polish it up. Those days are over. The standards for acceptability of medical books and articles are steadily rising. Modern medical editors demand high-quality illustrative material, an accurate and thorough bibliography, a polished style, and a professional-looking manuscript.

To meet such standards, the doctor with an itch to write may have to buy the services of such highly paid specialists as photographers, artists, and editorial assistants—unless his hospital or university will assume these costs. And he'll almost certainly have to pay for expert typing.

To begin with, consider this last expense:

We'll assume you're preparing an average-length article (about ten printed pages) for a medical journal. Such articles generally run from twenty to thirty double-spaced manuscript pages. Before you're ready to submit your paper, you'll probably have to rewrite it at least four times. So you may need to have eighty to 120 pages typed.

Your secretary has other work to keep her busy. So you hire a professional typist at an hourly rate of from \$2 to \$5—even more if you want her to read your manuscript intelligently and to offer suggestions for stylistic improvements.

It may take her as much as forty hours to do a finished job of typing and minor editing, if both you and she are perfectionists. I'd estimate total average costs for typing a simple article at from \$50 to \$100.

Next, there's the matter of bibliography. If your refer-

THE AUTHOR, who was, until recently, medical director of Grune & Stratton, Inc., New York medical publishers, is now an editor of the journal *Metabolism*. This article has won one of the 1957 MEDICAL ECONOMICS Awards.

DOES MEDICAL WRITING PAY OFF?

ence notes—including titles, authors' names, journal abbreviations, page numbers, etc.—are less than complete, professional help in bibliographic research can cost you another \$2 to \$5 an hour. You may as well anticipate a bill of anywhere from \$10 to \$40 for this service.

Art Is Costly

Your biggest single outlay is likely to be for illustrations. There's an increasing trend toward peppering printed articles with sketches, graphs, photographs, and reproductions of X-ray films. Five illustrations per article is commonplace today.

If you plan to use graphs or drawings, you'll need the help of a professional medical illustrator;

he'll charge about \$10 for a simple graph, up to \$50 for a drawing. If the paper calls for X-ray reproductions or photographs of microscopic pathology, you'll pay anywhere from \$2 to \$15 for single copies. If you have to hire a professional photographer, his services could stand you as much as \$100 a day.

Suppose, then, that two of the five illustrations in your paper are drawings or graphs, the rest photographs. Your total cost—including photographic copies of the original artwork for safe shipping—could amount to as much as \$200. I'd set the average range at \$75 to \$150. That's a fairly conservative estimate.

In the above paragraphs, I've said nothing about your time,

What a Ten-Page Medical Article Costs Its Author

Type of Service	Average Cost Range
Typing (with minor editing)	\$ 50 to \$100
Research	\$ 10 to \$ 40
Illustrations (5)	\$ 75 to \$150
Reprints (200), mailing charges	\$ 45 to \$ 55
Total cost, without extras	\$180 to \$345

travel expenses, or the other little extras that eat into the purse of a doctor who's working up an article. But every physician who has been published would back my contention that such extras do pile up.

He'd also agree with me that the outgo doesn't stop once the article's in print.

Now, of course, begins the ritual of sending out reprints. It's medical tradition, professional courtesy.

Most doctor-authors order at least 200 reprints. Although reprint costs vary considerably, \$30 for 200 reprints of a ten-page article is par. And postage and envelopes for mailing them out will cost you approximately another \$15.

Paradoxically, if your article

is an outstanding success, it'll make a bigger hole in your pocketbook: You'll get reprint requests from colleagues all over the country. I know one surgeon who recently mailed out 2,700 reprints—at a total cost of more than \$600.

To sum up: A relatively modest medical article will probably set you back from \$180 to \$345. A bang-up job might cost you three times as much by the time you'd mailed the last reprint. As a general rule, you can figure on shelling out about \$20 per printed page.

It's a little cheaper to write one page of a book—roughly \$15, I'd say. Your expenses will be of the same type as those involved in article-writing. But you won't have [MORE ON 227]

What a 300-Page Medical Book Costs Its Author

Type of Service	Average Cost Range
Typing (with minor editing)	\$1,500 to \$3,000
Research	\$ 350 to \$ 500
Illustrations (150)	\$1,750 to \$3,000
Total cost, without extras	\$3,600 to \$6,500



How to Antagonize Your Community

A year ago, a man I'll call Dr. Crabthorne put out his shingle in a small Virginia town. The town needed him, and his practice got off to a fast start. But after six months it had been stopped dead in its tracks.

Why?

When the doctor asked the Virginia Council on Health and Medical Care to help him discover the answer, the council's director investigated the case. And here's what the director, Edgar J. Fisher Jr. of Richmond, says he found out:

Dr. Crabthorne was a competent and likable practitioner. But he was apparently under the thumb of a termagant. Many a patient had phoned him at his home, for example, only to be greeted with an abrupt "Doctor can't speak to you now" from his wife. She'd been spotted overseeing the doctor as he hung out the family wash. Once she'd even accompanied him into the local barber shop and given directions as to how she wanted his hair cut.

Naturally, Dr. Crabthorne's potential patients assumed that a man who couldn't manage his wife couldn't man-

Disregard local customs. Stay aloof from community life. Behave just like a businessman—but do your buying outside of town. That's how these doctors hurt themselves and their practices

By Henry A. Davidson, M.D.

age their ailments either. Moral, as stated by Edgar Fisher: One fine way for a doctor to lose standing is to surrender his pants publicly to the little woman.

It isn't easy these days for a doctor to antagonize a whole community. But it can be done—and not just in small towns, either. With the help of Edgar Fisher and others, I've compiled a list of almost infallible ways for the doctor to lose community support. The following rules for repelling patients are based on actual cases:

1. When in Rome, do as the Greeks do.

Dr. Taylor tried this formula in a prosperous farming community I'll call West Branch. It worked so well he had to move away after only a few months.

For one thing, he refused to see patients on Saturdays (the only day the farmers could bring their families to town). For another, he scheduled office hours on Sundays (when just about everybody went to church).

Life in West Branch revolves around the lodge, the grange, the service clubs, and the churches. The doctor gave them all a wide berth. He laughed off an invi-

HOW TO ANTAGONIZE YOUR COMMUNITY

tation to join the Elks. And he wondered why his waiting room remained underpopulated.

Nobody advocates slavish conformity for the doctor. But if he wants *not* to fail, he won't publicly emphasize his agnosticism in a highly religious community, or vice versa. He won't insult his patients by disregarding their way of life.

Don't Bother to Dress

2. Go to the other extreme: Go flamboyantly native.

To get along with your neighbors, you don't have to ape their manners with a vengeance. Yet that's what Dr. Ashton did when he started practice in a Nebraska market town. Eager not to seem snobbish, he took to wearing slacks, open shirts, and unshined shoes, just like the rural patients he was treating.

But they didn't like it. Some thought he was making fun of them by caricaturing their dress and manners. Others decided he was just slovenly. "We're all farmers. But we expect a doctor to look like a doctor," one of Dr. Ashton's former patients later explained to a medical society investigating committee.

People are quick to resent

what they interpret as hypocrisy. Take what happened to Dr. Simpson:

He had little feeling one way or the other about drinking. But when he discovered that the "drys" controlled the Arkansas city where he'd just opened an office, he let it be known he was a confirmed teetotaler. He served no liquor in his home and drank none.

Later, he found that a surprising number of local people enjoyed not only a cocktail but also the respect of the community. So when he was in their company, he willingly downed a drink or two. Result: He gained a reputation for falseness. And the city's active prohibitionists made the most of it.

3. Give the impression you're just a temporary resident by renting instead of buying a house.

In his physician-placement experiences in Virginia, Edgar Fisher recalls, one of his most puzzling cases involved an unusually capable doctor. Let's call him Charles Evans; let's call the community in which he settled, Ridge Rock. When Fisher visited the town, the doctor had already given up and left. That was the puzzle: Why had he failed?

Most towns that need doctors, Fisher points out, will try hard to make the medical man feel at home. But Ridge Rock gave Dr. Evans the cold shoulder. He was a good doctor and a personable man. And he wanted to make the grade. Somehow he never could.

"For a long time I couldn't understand why the people of Ridge Rock had never cottoned to him," Fisher relates. "When I finally dug out the reason, it was so simple I almost laughed: Dr. Evans had rented his house."

Ridge Rock has a lot of summer visitors. Sharp distinctions are drawn there between year-round residents and fair-weather friends. By renting a house, the

doctor had apparently identified himself with the transients.

Says Fisher: "The local parson put it to me like this: 'Buying a house means you expect to stay for the rest of your life. Renting one means you're in transit.' My guess is that many towns other than Ridge Rock feel the same way."

4. *Do your shopping elsewhere.*

A doctor I know settled in a small Eastern city. He and his wife could have bought their household furnishings before moving in. Instead, they waited a few months, junked their old stuff and had new things sent in from New York. Rightly or



"You need more exercise. Don't you ever get up and switch channels?"

HOW TO ANTAGONIZE YOUR COMMUNITY

wrongly, the local merchants were up in arms. In reprisal, some even boycotted the doctor.

Instead of acknowledging a tactical error, he continued along the same lines. By-passing local automobile dealers, he got a new car in New York. And his wife made a habit of driving to an out-of-town shopping center for most of her major purchases. Before too long, the local business people had whittled the doctor down to size by going elsewhere for their medical needs.

"It's little things like this that get physicians in bad," remarked a medical society officer later. "They may save a few dollars by shopping out of town. But measure the saving against the loss of local residents' goodwill, and what've you got?"

Appear Money-Mad

5. Get yourself a reputation or being more interested in money than in medicine.

I could cite scores of examples. Take Dr. King, who moved from Minneapolis to New Mexico when his youngest daughter developed severe asthma. He was used to big-city fees and to impersonal big-city collection methods. So he carried on as be-

fore in the little Southwestern town where he now hung out his shingle. Within two months, he'd earned a name as a dollar-chaser.

City men run the same risks of course. Not long ago, a Trenton (N.J.) doctor nearly ruined his practice by paying too much attention to the financial status of his patients. Before he saw the light, he managed to offend both the well-off and the not-so-well-off.

Sliding Scale Hurt Him

How did he do it? Well, he scaled his fees sharply upward for wealthy individuals. The word got around, and they went elsewhere. Meanwhile, patients in the lower income brackets also started to drift away as the result of a series of incidents like the following:

A mill worker had a 3 P.M. appointment with the doctor. The man arrived simultaneously with the mill owner's wife—who didn't have an appointment. And the doctor saw her first, without a word of explanation or apology. But plenty of words were spread around town afterward—and all of them were to the doctor's detriment.

6. Make sure you air your

political views during office hours.

Dr. Donald lost no time in letting the residents of his Alabama town know where he stood politically. Everybody in the place had been a Democrat since the days of Thaddeus Stevens. But Dr. Donald was a Republican and proud of it. So in the summer of 1956 he put a huge Eisenhower poster in his office window. And he argued with everyone who came in wearing a Stevenson button.

When his practice started slipping, Dr. Donald wondered why. What he evidently didn't realize was that private practice and private opinions don't always mix well together. A doctor has a right to his views. But if he wants a thriving practice, he won't always subject his patients to them.

There are plenty of other ways to antagonize a community if you really want to. But on the sound assumption that you don't, let's sum up what I've been saying. And let's do it in positive terms:

No doctor need worry about losing the respect of the people he serves if he (1) accepts the community wholeheartedly as his own; (2) tries to understand and follow local customs; (3) enters community life willingly but unobtrusively; (4) identifies his own interests with those of the town by buying a house, patronizing local business, and supporting local causes; and (5) makes it apparent he's primarily interested in the service he can give—that he's not merely interested in making money, in putting across his political views, or in otherwise demonstrating his self-importance. END

No Waste Motion

I'm a surgical resident, and recently I wrote a routine preoperative order for a patient: "Prep for left ureteral dilatation." Later, when we placed the patient in lithotomy position, we found the student nurse had done an extremely neat job of shaving the perineum—the left side only.

—MARIO G. TOLENTINO, M.D.

Meet Your Next Paymaster

*Your main source of income tomorrow may well
be a broad-coverage health insurance plan.
Here's what practice is like under such a system*

By Wallace Croatman

What's it like to practice in an area where physician-sponsored health insurance covers almost all the medical services received by 85 per cent of the population?

The doctors of the Windsor, Ont. metropolitan area (pop. 160,000) have had such an arrangement for almost twenty years. Because their plan, Windsor Medical Services, has apparently worked well, it has aroused much interest in this country. Recently it has been closely studied by a University of Michigan research team, working under a grant from the Health Information Foundation.

You may have seen preliminary reports of the findings. In general, they add up to a glowing picture of the Windsor plan. But before you conclude that the idea might well be copied by U.S. Blue Shield plans, you'll naturally want answers to questions like these:

How does the rank-and-file doctor in Windsor feel

THIS ARTICLE is based on material from a forthcoming publication of the Harvard University Press: "Comprehensive Medical Services Under Voluntary Health Insurance" by Franklin J. Darsky, M.A.; Nathan Sinai, D.P.H.; and Solomon J. Axelrod, M.D., M.P.H.

about the plan? Does the still-continuing growth of W.M.S. point toward third-party domination of medical practice? Are fee schedules adequate—and flexible? Is there too much red tape? And what effect does broad-coverage insurance have on doctor-patient relations?

Reports so far have stressed the advantages of such coverage to the patient. But what the plan means to doctors also gets detailed treatment in the full study, which won't be published until later this year. What follows is an advance look at the high spots of the report from the doctor's standpoint.

The most striking thing about the Windsor plan is the extent to which it dominates medical practice in the area. In 1954, the year studied, about two-thirds of the people there were enrolled. Since then, the proportion has risen to some 85 per cent.

What's more, the plan covers an impressive range of services: all the usual medical and surgical procedures, plus X-ray and special diagnostic services, consultations, services of anesthetists and assistants at operations, maternity care, even physical examinations. About nine out of every ten subscribers incurred no out-of-pocket costs for physicians' care during the survey year.

Not surprisingly, then, the typical Windsor physician reports that W.M.S. subscribers account for more than two-thirds of his practice and three-fifths of his income. (These proportions have undoubtedly gone up since the study was made.) About 90 per cent of the nearly 200 medical men in the area participate in the plan.

According to the report—which uses data based on interviews with practically all Windsor physicians—

MEET YOUR NEXT PAYMASTER

the typical local doctor works nine and one-half hours a day, sees about 115 patients a week, and nets slightly under \$14,000 a year. When you compare his income with yours, remember that this is a 1954 figure and that Canadian incomes generally are somewhat lower than ours.

Are the doctors satisfied with their lot? They seem to be. About two-thirds say that the plan is in the best interest of physicians. And over 90 per cent feel that

W.M.S. is doing a "very good job" for the public in general.

But the medical men are much less enthusiastic about one of the plan's most important features: its fee schedule. Here are a few of the listed fees:

Office visit, \$3. (Pediatricians and internists get \$5 and \$7, respectively, for the first visit.)

Initial daytime house call, \$7; subsequent house calls, \$4.

Appendectomy, \$100; cholecystectomy, \$150; hysterectomy

The Windsor Plan in Brief

Benefits: The plan covers all usual medical and surgical services, whether incurred in hospital, home, or office. It even pays for physicians' X-ray and special diagnostic services, physical examinations, and fees of consultants and surgical assistants.

Limitations: The plan's payments are fixed by a fee schedule. Participating physicians may charge extra to patients earning over specified incomes (\$6,500 for a family, \$4,000 for a single person). In practice, though, such extra charges are rarely made.

Premiums: Roughly \$28 per year for a single person; \$59 for husband and wife; \$78 for husband, wife, and one child; \$95 for husband, wife, and two or more children.

Members: At present, the plan covers approximately 85 per cent of the 160,000 people in the Windsor metropolitan area.

(total), \$175; pneumonectomy or lobectomy, \$300.

Obstetrical delivery: \$50, plus \$3 for each prenatal and postnatal visit.

Though the above fees seem fairly low by American Blue Shield standards, they follow the basic province-wide schedule recommended by the Ontario Medical Association. And they're close to the going rate in other Canadian cities.

Yet only one in four of the surveyed doctors says he finds them entirely satisfactory.

Why the dissatisfaction? Probably because the payment allowed by the plan is the only compensation the physician gets in most W.M.S. cases. Theoretically, he may charge extra to patients earning more than the specified income ceilings (\$4,000 for single persons, \$6,500 for families). Actually, he rarely does so. Tradition is against it. Here's why:

From 1939 to 1948, participating physicians agreed to accept W.M.S. payment as full reimbursement for all patients. When income ceilings were adopted in 1948, they were pegged so high that almost every subscriber was eligible for serv-

ice benefits. Now the Windsor doctor apparently thinks twice before charging an over-the-ceiling patient more than the plan allows.

But while he isn't always pleased with the amount he gets, he's happy about the way he gets it. Fully 96 per cent of the doctors express approval of the claims-processing machinery. They cite the plan's stabilizing effect on income as a result of steadier, more certain payments, reduction of collection worries, and reduced bookkeeping expenses.

The participating doctors pay for such conveniences, though. They get only 90 per cent of the fees due them. The other 10 per cent covers administrative and allied expenses of the plan. The interviewed men don't seem to resent this aspect of W.M.S.

They evidently feel it's well worth the price to get by with a minimum of paper work. All the doctor need do is fill out a monthly "claim card" for each W.M.S. subscriber he treats. On the card he simply lists the number and type of services performed, the fee for each, and the diagnosis. The plan sends back a statement listing the patients re-

MEET YOUR NEXT PAYMASTER

ported by the doctor, the fees submitted for each, and the fees allowed.

About 95 per cent of all claims are processed routinely. The rest are subject to medical review. Here's how that works:

Charges Reviewed

Windsor Medical Services has a board of directors elected by the participating physicians. The board appoints a committee of doctors to consider cases where false or excessive charges may have been made. The committee works with the W.M.S. medical director, and its decisions generally stick.

In extreme cases, the committee may recommend that a participating physician be dropped from the plan. But this is rarely necessary.

In 1955, total charges of participating physicians were reduced by only 3 per cent because of questionable fees. Accounts submitted by patients who'd been treated by nonparticipating doctors (in Windsor and elsewhere) were reduced by 36 per cent—usually to conform with the W.M.S. schedule.

Almost all Windsor doctors agree that the plan makes no at-

tempt to interfere with the individual M.D.'s handling of patients. And about two-thirds of the surveyed physicians say they're satisfied with the voice they have in determining plan policies.

What's more, there's little evidence that patients abuse the plan's broad-coverage provisions. The Michigan researchers cite the following figures:

¶ Over 90 per cent of the subscribers have a doctor whom they consider their "regular" physician—an indication that there are few doctor-shoppers among them.

¶ Only about two-thirds of the subscribers received physician-services during the survey year. Such a proportion is low enough to suggest that most patients don't consult doctors simply because they have the insurance.

¶ W.M.S. subscribers get only 13 per cent of their services in the home. (The researchers say this figure compares favorably with that for nonsubscribers.)

So Windsor Medical Services appears to be doing what a good many insurance men say can't be done: It's providing virtually full-coverage voluntary health insurance to almost the entire



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1. Clin. Med. 2:1009, 1955.
2. Amer. Pract. & Digest Treat. 9:1447, 1954.
3. Clin. Med. 3:1039, 1954.
4. Amer. Pract. & Digest Treat. in press.
5. File, Medical Department, Mulford Colloid Laboratories.



MEET YOUR NEXT PAYMASTER

population of a big city. And it's doing the job without irritating the city's private practitioners.

Could the idea work in this country? Before U.S. doctors do any transplanting, they'll do well to study the forthcoming report with care.

And they'll do well to remember that any fee schedule they

put into effect might become a *maximum* fee schedule. That's what seems to have happened in Windsor.

So they'll probably want to weigh their chances of getting an adequate fee schedule in the face of possible opposition from business, labor, and other interested parties.

END

Snow Job

One evening years ago after a heavy snowfall, I was driving home alone in my little, low-hung Chevrolet coupé. As I slowly approached a railroad intersection in the suburban street, a pedestrian, hurrying along in the same direction, suddenly veered into my path. A fender caught him neatly in the seat of the pants and heaved him into the snow.

I continued to the end of the block, made a fast turn, and came back to the scene of the accident. My victim was nowhere to be seen.

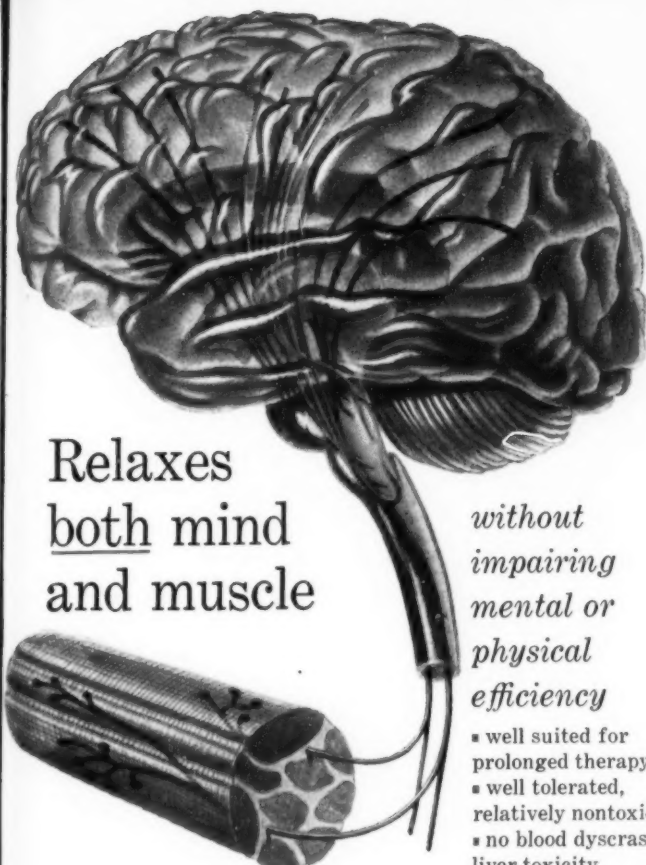
Next morning I was asked to call on one of my regular patients. He met me at the door. His complaint was that the previous night, near the railroad intersection, he'd been struck by a speeding Packard limousine. Run over by the monster's left-front and left-rear wheels, he'd been left lying unconscious in the street, he said. Eventually he'd come to and had dragged himself home—four blocks along the street I'd retraced. He described this ordeal with impressive profanity. He vowed picturesque retribution.

Examination showed not a mark of injury. I made notes of his various complaints, prescribed treatment, and assured him I'd assist him in any litigation he might undertake.

—F. J. VURPILLAT, M.D.

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Coming: a Plan For Helping Doctor-Addicts

One out of every 100 medical men reportedly has the drug habit. But an unprecedented national attack on the problem is now getting under way

By Lois Hoffman

The medical profession in this country may soon get a workable master plan for dealing with drug addiction among its members. Now under study by members of the Federation of State Medical Boards, this plan will probably incorporate the best features of the successful anti-addiction programs in such states as California, Colorado, Minnesota, and North Carolina.

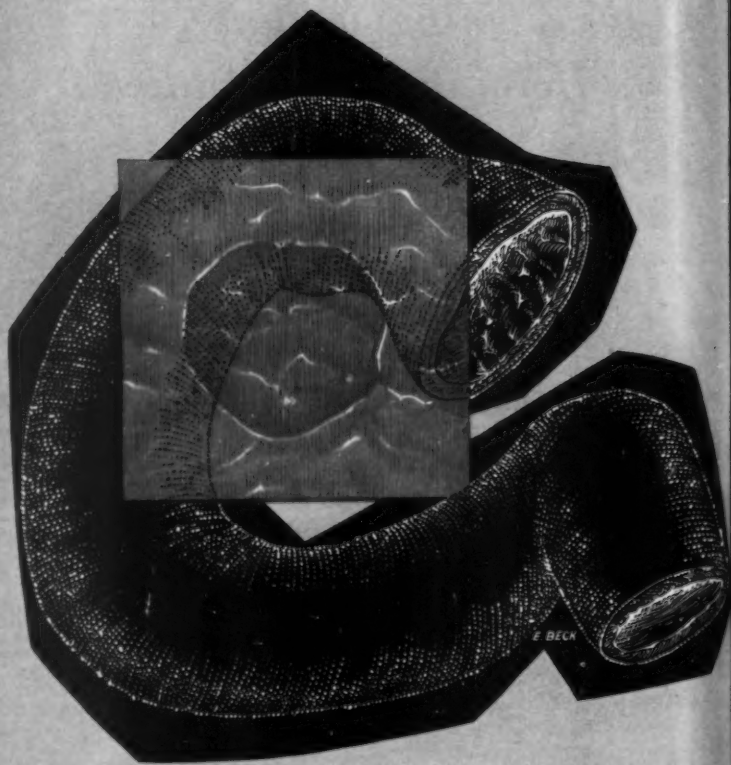
That means the master plan will probably stress rehabilitation rather than the exclusively disciplinary measures that many states now use. It may well call upon state medical boards to follow these eight steps in dealing with the typical doctor-addict:

¶ Take away his narcotics permit.

¶ Put him on probation until he's had a chance to try to break the habit.

¶ Require him to get psychiatric treatment, either pri-

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G. D. Searle & Co., Chicago 80, Illinois. Research in the Service of Medicine.

1. Lichstein, J.; Morehouse, M. G., and Osmon, K. L.: *Am. J. M. Sc.* 232:156 (Aug.) 1956.

2. Sun, D. C. H., and Shay, H.: *Arch. Int. Med.* 97:442 (April) 1956.

3. Rafsky, H. A.; Fein, H. D.; Breslaw, L., and Rafsky, J. C.: *Gastroenterology* 27:21 (July) 1954.

4. Schwartz, I. R.; Lehman, E.; Ostrove, R., and Seibel, J. M.: *Gastroenterology* 25:416 (Nov.) 1953.

5. Silver, H. M.; Pucci, H., and Almy, T. P.: *New England J. Med.* 252:520 (March 31) 1955.

SEARLE

A PLAN FOR HELPING DOCTOR-ADDICTS

vately or in a special hospital.

¶ Allow him to continue practice or do some sort of supervised medical work, if it's at all feasible, during the habit-breaking period.

¶ Arrange financial aid (treatment at reduced rates or free, loans for living expenses, etc.) if he needs it.

¶ Check up on his progress by getting periodic reports from the psychiatrist and the doctor-addict himself.

¶ End all formal supervision and restriction when he can show he's cured.

¶ Revoke his license if he starts taking drugs again during or following the probationary period.*

1% of All M.D.s

According to the latest estimates, one American out of every 3,000 is a drug addict. But "one doctor out of every 100 is addicted to drugs," says Harry

—
*Such a program would probably apply to most cases. Occasionally, however, a state medical board discovers a doctor who seems to need only a formal reprimand or warning. Other times it comes across a man who's been taking large doses of drugs for so long that there's nothing to do but revoke his license at once to protect him and his patients.

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A PLAN FOR HELPING DOCTOR-ADDICTS

J. Anslinger, Federal Commissioner of Narcotics.

That's why the state medical boards are so interested in finding a way to cope with the problem. And why they'll probably get strong support from the whole profession in reducing this small but serious blot on the medical escutcheon.

Some observers have warned that *any* doctor can become an addict. But it appears that nearly all those who do succumb are

suffering from a serious mental or emotional disorder.

True, the surface reason for a doctor's taking his first shot may be fatigue, sleeplessness, pain, anxiety, or even a hang-over. But from a detailed study of forty-four cases, Dr. James H. Wall, medical director of the Westchester Division of New York Hospital, concludes that the typical doctor-addict is really seeking relief from a sense of "inadequacy and defeat." From



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DOCTOR-ADDICTS

childhood on, the addict has usually suffered from "sensitive tender-mindedness, with a tendency toward hypochondriasis and undue fatigue, coupled with an inability to stand life when the going is rough."

How It Begins

He starts taking drugs at some point between 35 and 40, when the strain of a busy practice first begins to tell on him. Even the overwork itself may be a sign of mental disturbance, Dr. Wall believes. He describes it as "al-

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- Dose: children, 1 or 2 tsp.; adults, 1 or 2 tbsp.; repeat every 15 minutes until vomiting ceases. In bottles of 3 and 16 fl.oz. DO NOT DILUTE.

1. Bradley, J. E., et al.: J. Pediatr. 38:41, 1951. 2. Crunden, A. B., Jr., and Davis, W. A.: Am. J. Obst. & Gynec. 65:311, 1953.



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A PLAN FOR HELPING DOCTOR-ADDICTS

most an addiction to work which, if closely examined, [is] found to be a frittering away of time to avoid coming to grips with problems . . . a rationalization for the neglect of social obligations."

The proportion of mentally disturbed men in medicine is certainly no greater than the proportion in the population as a whole. But doctors are more apt to become addicts simply because it's easier for them to get drugs.

At the same time, they have a stronger motive for trying to es-

cape from the habit: They have professional status and professional earnings that they don't like to lose.

High Recovery Rate

Taking advantage of this will to recover, some states (e.g., California) claim to have held the relapse rate among doctor-addicts to 10 per cent or less. This contrasts with an estimated relapse rate of from 50 to 90 per cent among lay addicts.

How do these states do it? Here's their system from the time an addict is discovered:

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DOCTOR-ADDICTS

The first person to suspect that a certain doctor is a drug addict may be another doctor, a nurse, or some other associate. More commonly, a Federal or state agent's routine check of drug-store files shows the doctor is writing far more than his share of orders for habit-forming drugs. That brings on the first investigation.

When He's Found Out

Depending on what's discovered, the doctor can draw a jail term or a period of confinement in one of the Public Health Service's special hospitals (at Lexington, Ky., and Fort Worth, Tex.). Or the state medical board can take over the case. If the board takes over, it usually aims to rehabilitate the doctor, if at all possible, and at the same time keep him under control or supervision.

California's Plan

California is one of the states that have done an outstanding job of rehabilitation. Fifty-odd doctor-addicts come to light there each year. In a typical case, the Board of Medical Examiners first revokes the man's license. Then it suspends the revocation, putting the man on probation while he has a chance to get back

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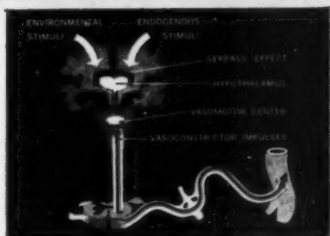
K. C., a 67-year-old retired shirt manufacturer, had a 16-year history of hypertension, was troubled by recurrent dizzy spells and headaches. "I'd get several attacks a day. . . . Usually I'd go into the bedroom and lie down." Serpasil therapy was started four years ago, effecting a gradual reduction of the patient's initial blood pressure of 220/120 mm. to the present 140/80. Now well and asymptomatic, ". . . I'm able to go to matinees and see some of the TV shows."

SUPPLIED: TABLETS, 4 mg. (scored), 2 mg. (scored), 1 mg. (scored), 0.25 mg. (scored) and 0.1 mg. ELIXIRS, 1 mg. and 0.2 mg. Serpasil per 4-ml. teaspoon. **PARENTERAL SOLUTION:** Ampuls, 2 ml., 2.5 mg. Serpasil per ml. Multiple-dose Vials, 10 ml., 2.5 mg. Serpasil per ml.



Hypertension controlled through SYMPATHETIC REGULATION

Serpasil shields the psychic and somatic reaction centers from emotional and environmental stress stimuli, thereby inhibiting the discharge of vasoconstrictive impulses through the sympathetic nerves.



Adapted from Moyer, J. H., Dennis, E., and Ford, R.: Arch. Int. Med. 96:530 (Oct.) 1955.

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MEDICAL ECONOMICS • APRIL 14, 1958 117

A PLAN FOR HELPING DOCTOR-ADDICTS

on his feet. He knows he can lose his license at any time if he doesn't live up to the terms of his probation.

Sent to a Psychiatrist

As a rule, the board demands that he get psychiatric care, since it's been shown that a doctor-addict isn't likely to revert once he's solved his emotional problems. The board keeps track of his progress through the psychiatrist's written reports and periodic interviews with the doctor himself. Meanwhile, he's allowed to continue practice, though he

has to give up his narcotics stamp.

Does this system work? Well, during the years 1953-1957, some 92 per cent of the California addicts got through their probation successfully. That left only a handful whose licenses had to be permanently revoked.

Colorado and North Carolina follow roughly the same system as California.

Another System

Minnesota has found a way to hospitalize the doctor-addict while still letting him do useful

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A PLAN FOR HELPING DOCTOR-ADDICTS

work. He's put on the staff of a state institution, usually a mental hospital, where he's under less strain than in private practice. At the same time, he's under the constant supervision and care of a psychiatrist. One man responded so well to this therapy that he eventually became superintendent of a Minnesota state hospital. He's now a successful medical administrator in another state.

Members of the Federation of State Medical Boards heard reports on the doctor-addict problem and its possible solution at their annual meeting this year

in Chicago. It was at this session that their president, Dr. C. J. Glaspel, proposed nation-wide action. Among other things, he said, more time should be "spent telling students of the dangers and pitfalls they may face when they are permitted to have a narcotic license and thus have free access to dangerous drugs."

Operation 'Salvage'

But the profession must also salvage the manpower now being lost through drug addiction, Dr. Glaspel added. He called on the



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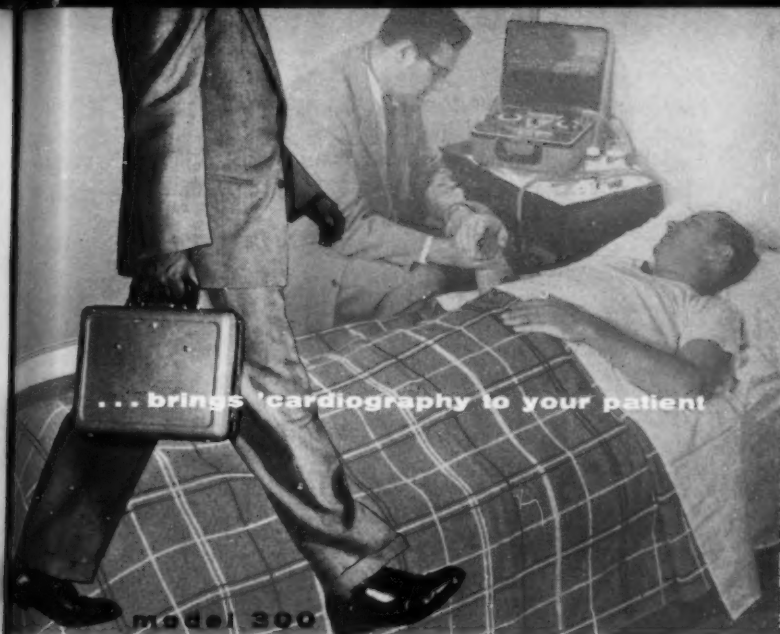
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federation to work out a master plan, stressing rehabilitation, to guide the individual states in helping physician-addicts.

Following a study of the various types of rehabilitation techniques now being used successfully in this country, Dr. Glaspel

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Your Most Mysterious Colic

You've never met him, yet you hear about him all the time. He's the least rational, most inscrutable physician you know of.

He's your patient's Former Doctor.

Let's say you're taking a history on a new patient. She's fair, fat, and forty. She has cholelithiasis. She sticks to a diet ninety-nine days out of a hundred. Every hundredth day, she just can't resist potato pancakes with gravy, and she's rewarded with a

3 A.M. seizure of biliary colic.

So far, no surprises. But suddenly the cogs slip. "My former physician"—says the patient—"gave me some medicine and then massaged the stone right out."

"Massaged?" you ask warily.

"Oh, yes." And she shows you some calculi removed in just that way. As a matter of fact, the Former Doctor had a way with renal calculi, too. He had a medicine that dissolved them.

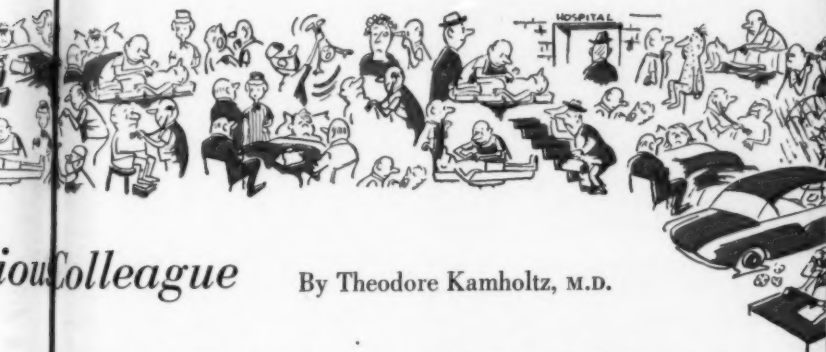
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hopes to be able to present a master plan for approval sometime in 1959.

"But in the meantime," he

says, "every doctor can help solve the problem by following one simple piece of advice: Never take that first shot!" **END**



ious Colleague

By Theodore Kamholtz, M.D.

One characteristic, then, of the Former Doctor is that his medicine appears to be entirely different from yours. It's not that he's a charlatan. It's just that a few details get garbled when the patient relays them from doctor to doctor.

You recall one of your own patients who thanked you profusely for curing his cough and palpitations during fluoroscopy. That form of therapy really impressed him. You shudder to

think how it will sound when he describes it to the next doctor who sees him.

Meanwhile, you still have a sneaking suspicion that your colleague's psychotherapy is more flamboyant than yours. This is particularly true after a patient tells you that his previous physician uses gold and silver hypodermic needles.

Another thing that impresses you about the Former Doctor is that he has a pharmacopoeia sub-



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MYSTERIOUS COLLEAGUE

stantially different from yours. One day, a patient asks if the medication his last doctor prescribed could cause numbness in the ears. You've never heard of the drug in question, so you look it up. Two hours in the medical library produce only one small reference to it—and that in an untranslated Swedish journal published more than twenty years ago.

Shot Therapy

Another patient wants an injection of the stuff his former physician gave him. It cured his psoriasis overnight. He went to bed in misery and awoke the next morning unblemished. The scales are beginning to come back now, and . . .

Sometimes you wish that this Former Doctor would just hang onto his patients. (It probably comes to you as a second thought that he wishes the same thing.)

A woman with a kidney condition tells you her previous physician put her on a diet of almonds, celery, potatoes, and apricot brandy. Should she continue it? You can't detect one iota of logic to it. Yet can you unhesitatingly condemn? After all, they laughed at Pasteur . . .

You suggest that she return to the other fellow for management



"Since we've had him on NEOHYDRIN he can walk without dyspnea. I wouldn't have believed it possible a month ago."

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BRAND OF CHLORMERODRIN

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YOUR MOST MYSTERIOUS COLLEAGUE

of her case. But she can't. She never paid his bills.

Most of the time, you're grateful that you don't actually know your predecessor on the case. Occasionally, however, you do get to know him. Then you discover that the irrational Former Doctor doesn't really exist.

"I saw a patient of yours the other day—Egbert Blank," you may say to your colleague in the hospital staff room. Then you add hesitantly: "He says you

cured his tuberculosis with shoe supports."

Your colleague laughs. Then he tells his story:

Egbert had been coming home tired and aching all over. Even his feet had hurt him. When his great aunt died of tuberculosis, he became convinced he had it, too. He began to lose weight and to have night sweats. No amount of X-rays, examinations, or assurances helped.

Your colleague found a local



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YOUR MOST MYSTERIOUS COLLEAGUE

foot condition, prescribed supports, and told him that as long as he was going to die of tuberculosis (which the patient believed and the doctor doubted), he might as well die with happy feet.

"I gather it worked," your colleague says. "What's his trouble now?"

"Nothing much," you reply. "Just syphilophobia."

For each case handled by the mysterious Former Doctor that finally is clarified, a dozen cases remain tantalizingly unbelievable. His office, seen through

your patients' eyes, varies from alchemist shop to temple; his prescriptions are incantations.

They'll Talk About You

But, aware of your own patient's misunderstandings, you hesitate to criticize, no matter how wild the story. After all, a patient of yours may tell *his* next doctor that his wife's menses became regular after *he* took a tonic—forgetting all about the intensive course of estrogen therapy she was given. If so, your only hope is that he also forgets your name. END

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MEDICAL ECONOMICS • APRIL 14, 1938 129

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References: 1. Woodhull, R. S.: *Obst. & Gynec.* 3:201, 1954. 2. Ausman, D. C.: *Wisc. M. J.* 53:322, 1954. 3. Edwards, S. E.: *J. Indiana M. A.* 47:869, 1954. 4. Ivory, H. S.: *J. M. Soc. New Jersey* 51:273, 1954.

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Does medicine need to hire its own professional negotiators? That may be one state's answer to the burning question:

How Can Doctors Deal With Unions?

By John R. Lindsey

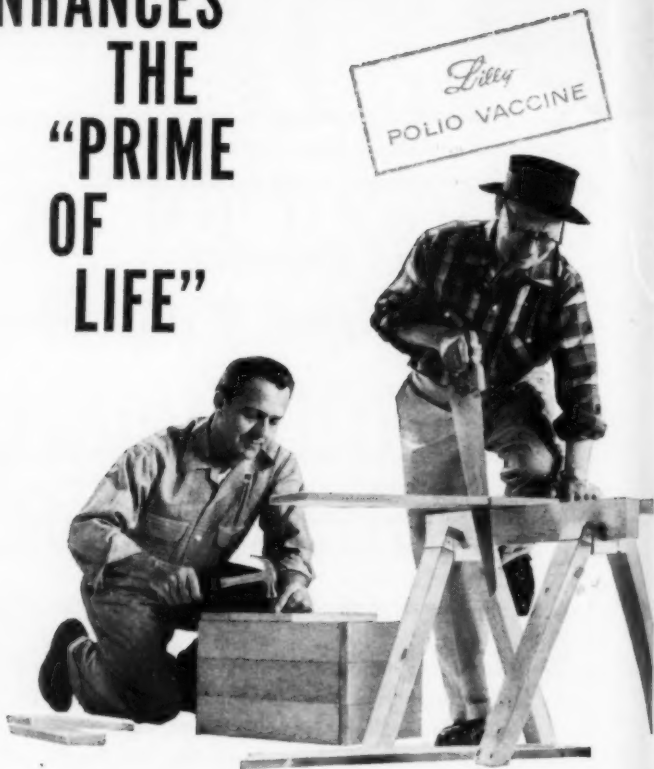
When labor health plans are the topic, doctors in many parts of the country sometimes argue: "The unions hire professional negotiators to do their talking for them. Why don't we doctors do the same in our negotiations with labor?"

Now a state medical society is taking steps along these lines.

For many months, Pennsylvania doctors have been trading verbal blows with medical executives of the United Mine Workers Welfare and Retirement Fund. The private practitioners charge that the Fund's policy of paying only doctors on its "approved list" violates the basic principle of free choice of physician. In reply, Dr. Warren F. Draper, the Fund's chief medical officer, says the Fund cannot accept "a policy of indiscriminating free choice."

Eighteen months ago, the Pennsylvania society's delegates got so worked up over the dropping of doctors and hospitals from Dr. Draper's "approved list" that they

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DOCTORS AND UNIONS

ripped up their society's agreement with the U.M.W.

Then last fall, after more doctors had been dropped or had quit, they voted to discipline as unethical any doctor who worked with "any medical plan which denies its beneficiaries the right of free choice of physician." But in November, 1957, the Pennsylvania society's Judicial Council declared this action unconstitutional.*

Result Called 'Chaos'

The immediate result from the individual doctor's point of view "is chaos," one state society spokesman now says. He explains that physicians practicing in coal mining communities don't know what to do any more. And the state society can't guide them.

Who Gets the Bill?

Should they continue billing the union for medical services to union members? Or should they bill the patient direct and risk not getting paid? County societies recently have been voting on these questions. But their decisions don't establish any clear pattern. As a result, officers say, most medical society members

*See "These Physicians Say One Ethics Code Is Enough," MEDICAL ECONOMICS, Jan. 20, 1958.



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Dosage: Adults: 2 capsules at onset of symptoms, followed by 2 capsules 3 or 4 times a day for 3 to 5 days. Children, 6 to 12 yrs.: One-half adult dose.

Supplied: Bottles of 24 and 100 capsules.

HOW CAN DOCTORS DEAL WITH UNIONS?

are now doing exactly as they please.

Many practitioners on Dr. Draper's "approved list" are treating miners and billing the U.M.W. as usual. Others on the list are demanding to be taken off. Those not on the list are billing the union members direct—or referring them to a doctor who is union-approved.

"It's anarchy," a state society spokesman says. "A lot of doctors in the coal regions who aren't necessarily pro-U.M.W. or anti-U.M.W. just don't know what to do. They don't want to get in bad with their medical society, but they don't want to lose the miners as patients, either. After all, the mine workers are their bread and butter." MORE▶



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I. Heiberg, J. and Saltzman, J. A.: Clin. Med., Apr., '58.

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HOW CAN DOCTORS DEAL WITH UNIONS?

What to do? Well, in January, 1958, the state society's trustees picked up one of half a dozen resolutions their delegates had fired at the United Mine Workers last fall. Why not, mused the trustees, do what the resolution says and "provide well-trained, full-time professional advisers and consultants to advise or deal with any third party providing or wishing to provide medical services"?

Lawyer Is Assigned

Why not indeed? So the trustees turned to a young lawyer who understands the doctors' struggle with the U.M.W. He is Calder C. Murlott Jr., who's been on the state society staff for the last five years. His new assignment: to talk with Dr. Draper and the union's regional medical directors, to talk with private practitioners in the areas affected, and to find out whether negotiations between labor and medicine are possible.

Mr. Murlott's first move was to sit down with Dr. Draper. They talked for seven hours without stopping.

Next he sought out the union's regional medical directors in Johnstown and Pittsburgh.

Then he went out and talked with dozens of doctors who practice in the coal mining areas.

"I'm willing to talk with the union's local officers," he says, "with the man in the street—with anybody at all, if it will help."

His dealings extend to "any third party, as it says in the resolution—not just the Mine Workers," he points out. So he's also going to check into the International Ladies Garment Workers and the Amalgamated Clothing Workers union clinics. Next month he's due to make his first report to the Pennsylvania society's trustees.

No Easy Solution

"I can't say that I'll have any specific recommendations," he says, "but at least we'll be facing up to the problem of dealing with third parties. And, believe me, that's something. The profession *has* to deal with third-party medical plans. It's certain they're not just going to blow away."

Paid negotiators for doctors? "That's up to the trustees, if and when they decide negotiations are possible. My job right now is fact-finding." END

metaphosphate produced markedly higher blood levels than capsules containing either the corresponding base or the hydrochloride alone. In addition, the average levels derived from the tetracycline base or the chlortetracycline base were higher than those produced by the corresponding hydrochloride though lower than those resulting from the mixture containing the base and sodium metaphosphate. In the study with chlortetracycline⁶ capsules containing a mixture of the hydrochloride and sodium metaphosphate were also included in the crossover, and the average levels produced by these capsules were the same as with the mixture of chlortetracycline base with sodium metaphosphate.

Although the enhancement of blood levels of tetracycline by phosphate, either complexed to the tetracycline or mixed with the base or the hydrochloride, thus seemed fairly well established, some doubts still remained because certain reliable observers (including many whose results have not been published) failed to confirm the findings with the materials and methods they used. Further confusion seemed to be added by a subsequent report of Welch et al.,⁷ who, in repeating a crossover study with capsules of tetracycline phosphate complex and tetracycline hydrochloride with and without sodium metaphosphate, found

tetracycline base. Dicalcium phosphate and food resulted in lower, and sodium metaphosphate in higher, serum antibacterial activity than was observed in their absence. Oil and sorbitol did not interfere with tetracycline absorption.

Dicalcium phosphate is widely used as a filler in various capsules, including those of the tetracycline. The authors cite a large number of other studies that implicate the presence of calcium ions as the cause of the reduced absorption of tetracyclines and show that citric acid can partially neutralize this effect. The depressing effect of food on the serum levels of tetracycline is likewise explained by the goodly amount of minerals contained in commercial laboratory diets, and they postulate that the multivalent cations may be responsible for the poorer absorption of the drug. The authors could not explain the failure of citric acid to enhance serum concentrations when administered with tetracycline base in contrast to its marked effect when given as the hydrochloride. However, they hypothesized that the ability of citric acid to enhance serum levels of tetracycline is due to its ability to form complexes with the tetracycline.

“...Tetracycline hydrochloride and citric acid, in an encapsulated mixture, produced higher serum concentrations and greater urinary excretions, and hence better absorption of tetracyclines, than any other preparation studied...”

These data were published simultaneously with the last mentioned report of Welch et al.⁷ These data were based on thoroughly controlled studies both in rats⁸ and in man⁹ and include additional findings that serve to explain, fairly conclusively, the various discrepancies that have been mentioned.

The experiments in rats⁸ were carried out to study the effects of citric acid, dicalcium phosphate, sodium metaphosphate, food, oil and sorbitol on the serum antibacterial activity produced by the administration of tetracycline hydrochloride or tetracycline base. Citric acid administered in equal weight with tetracycline hydrochloride gave the highest concentrations of all the preparations studied. No enhancing effect was obtained from citric acid when given with tetra-

cycline base. The authors indicate that in their study the capsules of tetracycline hydrochloride, chlortetracycline hydrochloride and tetracycline phosphate complex all contained dicalcium phosphate as a filler, whereas the capsules containing citric acid and sodium hexametaphosphate did not contain any dicalcium phosphate. This could clearly explain the discrepancies noted in that study. Likewise, the inconsistencies in other studies may very well have been due to the presence of calcium as fillers in some of the capsules and not in others.

This, however, fails to explain the most recent findings of Welch and Wright,¹⁰ who compared the absorption of three capsules, each containing 250 mg. of oxytetracycline hydrochloride — one without any adjuvant, one with 250 mg. of citric acid and the third with 380 mg. of sodium hexametaphosphate; no other filler was contained in any of these capsules. In triple

The New England Journal of Medicine.
258:97-99, (January 9) 1958.

258:97-99, (January 9) 1958.

J. H. J. Scira, P.
 Enhancement of serum Ig
J. Pharmacol. Exper. Appl.
 1968, 24, 103.
 J. M. New, rapidly acting
Brit. Med. J. Clin. Therap.
 1968, W. Lewis, C. N. S.
 Contractions of the uterus
 by oral drug in man. *J.*
 1967, 1.
 Nishi, E. J., and Imbush
 of serum, bile, and pro-
 excretion of tetracycline
 in bile. *Antibiotic Med.*
 1968, H. Wright, W. J.
 Contractions follow
 in bile, tetracycline
 excretion. *Antibiotic*
 1968, H. Wright, W. J.
 following oral adminis-
 tration. *Antibiotic*
 1968, H. Wright, W. J.
 blood concentration
 of chloramphenicol
 1968, 4, 623.
 D. J. and
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 serum
 1968, 24, 103.
 1968, 24, 103.
 1968, 24, 103.
 1968, 24, 103.

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This Blue Cross plan encouraged M.D.s to send selected hospital patients home earlier than usual. Then it paid the cost of visiting-nurse service. Patients liked the idea. So did the doctors—but they had one big reservation. Take a good look at the plan; it may be tried on you



Home Care In Lieu of Hospital Care?

By Hugh C. Sherwood

Remember when early ambulation was a revolutionary idea? And remember how it gradually caught on until the procedure became more or less a routine thing?

Another new development in patient care has equally exciting possibilities—especially economic possibilities. It involves sending some patients home from the hospital much earlier than they'd normally be released.

In a recently concluded five-year experimental program sponsored by New York City's Blue Cross plan, the procedure was tried out on both private and medically indigent patients. Blue Cross paid for visiting-nurse care for such persons instead of providing

them with further hospital benefits. And the idea seems to have proved eminently workable.

The hospitalization plan saved money, since visiting-nurse services cost much less than hospital care. New York City hospitals gained some badly needed beds as a result of the quick turnover. And many of the discharged patients profited by not having to pay for extra days of hospital care not covered by their contracts. Also, medical observers agree that an early return to familiar surroundings usually sped the patient's recovery.

How about the patients' doctors? For the most part, they liked the program, too—but with reservations.

Main drawback for the doctor: The scheme usually required at least one or two post-discharge calls at the patient's home. New York surgeons don't make many house calls. So busy family doctors usually had to make them. What's more, neither Blue Shield nor Blue Cross would pay for such calls.

If this problem can be solved, the doctors believe the early-discharge idea may take hold not merely in New York but elsewhere. At the very least, they agree that the five-year experimental program was well worth undertaking.

The project had been discussed by hospital, nursing, and Blue Cross leaders for over a decade before it was put into effect in September, 1952. By then, spiraling hospital costs had become a major problem for both Blue Cross and patients. And bed shortages were plaguing the hospitals.

So when Blue Cross agreed to underwrite the cost of an extended test program, it had little trouble finding co-operative hospitals. Four institutions were chosen as test sites for the experiment. And from 1952 to 1957 the

HOME CARE IN LIEU OF HOSPITAL CARE?

early-discharge procedure was tried out in these hospitals with some 500 patients.

Blue Cross provided these individuals only with visiting-nurse services. In this respect, the project differed notably from other home-care programs, most of which furnish drugs and other medical supplies as well as medical and social services.

It also differed from such programs in that it applied primarily to private patients, not to the medically indigent. Only about 25 per cent of those affected were ward patients.

Three other points are worth noting:

¶ All decisions as to whether and when patients could be sent home from the hospital were left up to the patients' doctors. And it was the doctor, in cooperation with the visiting nurse, who determined the nature and amount of physician and nursing care each discharged patient needed.

¶ No patient was discharged against his will. Before any patient was released, there had to be general agreement that his home environment would permit him to get proper care. MORE ►



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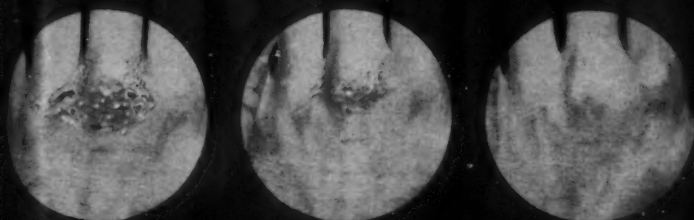
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LAXATIVE

acts directly on colonic mucosa
does not depend on systemic absorption

HOME CARE IN LIEU OF HOSPITAL CARE?

¶ If a discharged patient required rehospitalization, he was sent back to the hospital from which he'd been released. If he hadn't used up his yearly quota of full-benefit days, rehospitalization meant no extra expense for him. For the use of home-nursing services did not affect the amount of in-hospital benefits available to such patients under Blue Cross.

How They Benefited

As I've said, Blue Cross, the hospitals, and the patients all benefited from the program. More specifically:

After deducting the cost of visiting-nurse services, Blue Cross found it had saved more than \$73,000 it would otherwise have had to pay out for hospital care. (The savings don't reflect the cost of the study, which ran to nearly \$60,000.)

As for the hospitals, it's estimated that the experiment saved them nearly 8,000 patient-days of hospital care—a real boon, since they're overcrowded.

Finally, some 85 per cent of the patients say they'd choose the early-discharge procedure again if given the chance. (Typical comment, from a male victim

of a coronary thrombosis: "I'm more 'at home' at home.") Many of them saved money, too—an estimated total of \$79,000—through the shortening of what could have become prolonged hospital stays.

The program offered less obvious attractions to doctors. Still, they're on record as being satisfied with the results in 95 per cent of the early-discharge cases. Observes Dr. Arthur E. Lamb, a Brooklyn internist:

"There are more advantages for the patient than for the doctor in early discharge. But I'm willing to go along with the idea just because of its benefit to the patient. Some people don't like long stays in hospitals. They make better progress at home."

'He Mended Fast'

A case in point is cited by Dr. George R. Gerst, a New York City surgeon: "I operated on a 90-year-old man. In the hospital, he was virtually psychotic. So we sent him home forty-eight hours after the operation. He mended fast because he was in his own habitat where he trusted everybody."

Furthermore, doctors' other patients profit from the fact that

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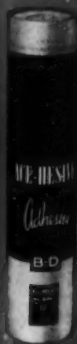
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HELP YOUR HEART

NEW HOME-CARE PLAN

beds are freed more quickly under such a program. Says Dr. Royal S. Davis, a New Rochelle G.P.: "All the doctors in my town have patients waiting to get into our hospital. If I send a patient home early, it doesn't necessarily mean I'll get his bed for another patient. But if all doctors sent patients home early, every one of us would benefit."

There were a few doctor-complaints. These point up other problems in addition to the house-call problem.

Nurses Got Bossy

A few physicians felt that such programs require too much extra paper work. Some thought that hospital nurses tended to usurp the doctor's prerogative by suggesting early discharge. Others found fault with the visiting-nurse services.

But none of the medical men really opposed the basic idea. The proof: Even those who complained about certain aspects of the program continued to work under it.

If Blue Cross were to put the system on a permanent footing, however, many doctors think there should be compensation for house and office calls. Comments Dr. Gerst:

"We surgeons don't want to

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1. New and Unused Therapeutics Committee, Am. Coll.
Allergists, Interim Report at Thirteenth Annual Congress, Mar.
20-22, 1957, Chicago, Ill. Ann. Allergy, to be published.

2. von Schlichtegroll, A. Arzneimittel-Forsch. 7:237 (Apr. 1957).

3. Spielman, A. D. New York J. Med. 57:3329 (Oct. 15, 1957).

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HOME CARE IN LIEU OF HOSPITAL CARE?

alienate family doctors to the point where we'll get fewer referrals. So we hesitate to ask them to do some of our postoperative work for us. We don't blame them for resenting extra house calls, especially when the patient may feel he's entitled to such calls without extra charge. The main point of the program, of course, is to help the patient, not to make money for the doctor. Just the same, many of us feel either Blue Cross or Blue Shield should find a way to reimburse the doctor who makes the call."

What are the chances for

health-plan coverage of postoperative house visits? The answer depends partly on whether or not New York's Blue Cross plan is able to carry on the early-discharge program.

When the five-year experiment was completed, the system had to be suspended. It can't be permanently revived without a change in the state's insurance laws. Blue Cross is now seeking such a change.

If, as its sponsors predict, the amendment is passed by the New York State Legislature, an early-discharge program will probably be put into effect in all 265 hos-



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"I can't relax—I'm double-parked."

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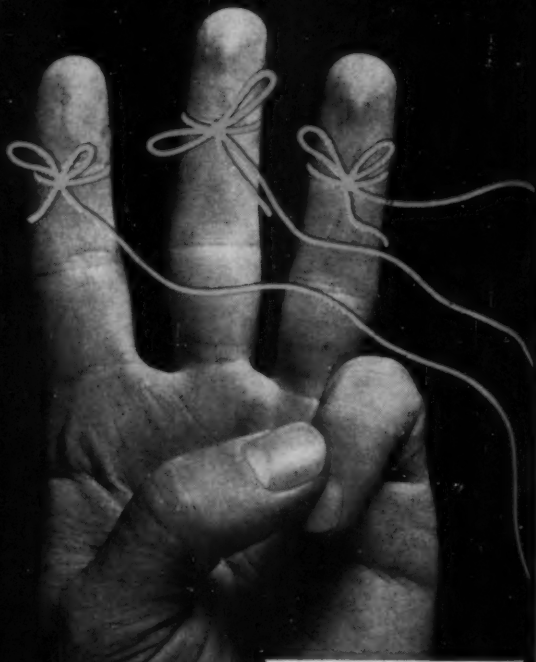
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References: 1. Council on Drugs, A.M.A.: J.A.M.A. 166:52, 1958. 2. Polaski, E. J.: Practitioner 179:403, 1957. 3. Cross, G. A., and Naumann, D. E.: Am. Med. & Clin. Ther. 4:166, 1957. 4. Kaplan, M. A., Dickson, H. L., Hubel, K. A., and Buckwiler, F. H.: Ibid. 4:99, 1957. 5. Fingor, A., Shidlovsky, B. A., and Fells, A. J.: Ibid. 4:387, 1957. 6. Polaski, E. J., and Iokano, R. K.: Ibid. 4:408, 1957. 7. Putnam, L. E.: Ibid. 4:470, 1957. 8. Rein, C. R., and Fleischman, R.: Ibid. 4:423, 1957. 9. Welch, H., Lewis, C. N., Staffe, A. W., and Wright, W. W.: Ibid. 4:213, 1957. 10. Chou, C. A., Naumann, D. E., and Casper, E.: Antibiotics Annual, 1957-8, ed. by H. Welch and F. Martindale, Medical Encyclopedia, New York, p. 297. 11. Dubé, A. H.: Ibid. p. 488. 12. Hubel, K. A., Palmieri, B., and Bunn, P. A.: Ibid. p. 443. 13. Kaplan, M. A., Ahering, B., and Buckwiler, F. H.: Ibid. p. 419. 14. Fortney, B., Draper, T., and Wehrle, F. F.: Ibid. p. 284. 15. Shidlovsky, B. A., Fingor, A., Maynard, A. de L., Fells, A. J., and Hersh-Barvey, I.: Ibid. p. 429.

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NEW HOME-CARE PLAN

pitals with which the New York City plan has contracts. In that event, it's well within the realm of possibility that Blue Cross would discuss compensation for house and office calls with Blue Shield. It doesn't plan to cover them itself.

Whatever happens in New York, similar projects are in the cards elsewhere. Harry Sesan, a vice president of New York's Blue Cross, reports: "Other Blue Cross plans have been interested in our program and may try it out. The most feasible way to reduce the cost of hospital care is through earlier hospital discharge supplemented by necessary home care. While the cost of care provided in the hospital will continue to rise, the over-all hospital bill can be decreased by shortening hospital stays."

The Coming Thing

And here's a doctor's opinion that sums up the majority view:

"In many cases, home care is really desirable. If the question of payment for house calls is cleared up, I see no reason why the program shouldn't be welcomed by all physicians. Ultimately, early discharge from the hospital should become just as routine as early ambulation is today."

END



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What Doctors Look For in an Aide

Education? Experience in a medical job? Though important, these factors don't top the list

By Stewart C. Hughes

You probably wonder what some of your colleagues see in their wives. Ever wonder what they see in their aides?

MEDICAL ECONOMICS asked them—about their aides, that is—in the course of its recent survey of some 600 medical offices. And it got quite a few answers applying to doctors' wives. Reason: Ten per cent of the surveyed doctors have their wives working in their offices.

But most of these wives work on a part-time basis—i.e., less than thirty-five hours a week. Besides, this study concerns the doctor as an employer, not as a husband. So let's exclude the working wives and see what kind of full-time girl the surveyed doctors find most useful in their offices.*

The typical doctor's aide is in her thirties. Chances are about even that she has attended a professional nursing or business school. There's also an even chance that she

*For some other survey findings, see "How Much Do Doctors Pay Their Aides?" (Jan. 6 issue), "What Working Hours for Doctors' Aides?" (Feb. 17 issue), and "What Fringe Benefits for Doctors' Aides?" (March 3 issue).

worked either as a nurse or as another doctor's aide before starting her present job.

Of the more than 1,200 aides in the surveyed offices, three out of ten have attended professional nursing schools. Two out of ten have gone to business schools. A good many of the others have studied either at practical nursing schools or at schools for medical technicians.

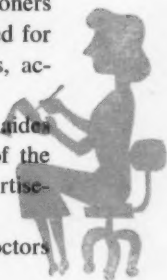
But it's worth noting that more than one-third of them have had no schooling specifically designed to help them in any aspect of medical-office work. Such girls have had to depend entirely upon on-the-job instruction from their doctor-employers or other aides.

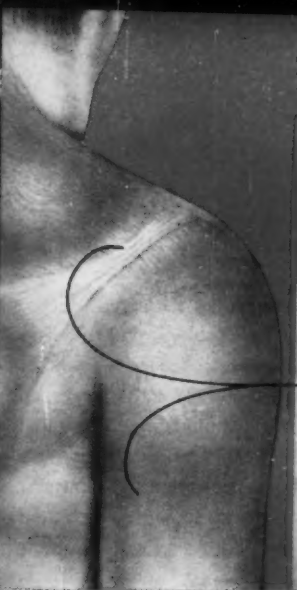
Obviously, then, lack of special training isn't necessarily a reason not to employ a girl. Says an Alabama physician whose opinion seems to be shared by many of his colleagues: "I believe on-the-job training is better and more important than any other type. If a girl is the right sort of person in attitude, aptitude, and general intelligence, I don't worry about her educational background."

How does the typical doctor go about finding the right sort? More than two-thirds of the surveyed practitioners say the girls they most recently hired either applied for the job directly or were recommended by friends, acquaintances, or relatives.

Of the remaining one-third, some got their aides through employment agencies. Most of the rest of the doctors found them through "Help Wanted" advertisements in their local newspapers.

If the candidate has an impressive personality, doctors





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I. Comroe's Arthritis: Hollander, J. L., p. 149 (Fifth Edition, Lea & Febiger, Philadelphia, Pa. 1953). 2. Merck Manual: Lyght, C. E., p. 1102 (Ninth Edition, Merck & Co., Inc., Rahway, N. J. 1956).



MERCK SHARP & DOHME Philadelphia 1, Pa.
Division of MERCK & CO., INC.

WHAT DOCTORS LOOK FOR IN AN AIDE

don't hold inexperience against her. About one in every eight aides wasn't working before she took her present position. Observes an Ohio doctor whose opinion seems fairly representative: "In my office, a nursing background is desirable. But the

basic qualities of the girl are what really count. If she's intelligent, conscientious, and personable, she can learn the details of the job—whether or not she's ever worked at it before."

In accord with that point of view must be the respondent who

The Aides' Previous Positions

- 33% were nurses or were studying to be nurses.
- 23% were employed by business or were attending business college.
- 16% were employed as doctors' aides.
- 12% were not employed.
- 11% were employed by hospitals in non-nursing jobs.
- 5% were otherwise employed.

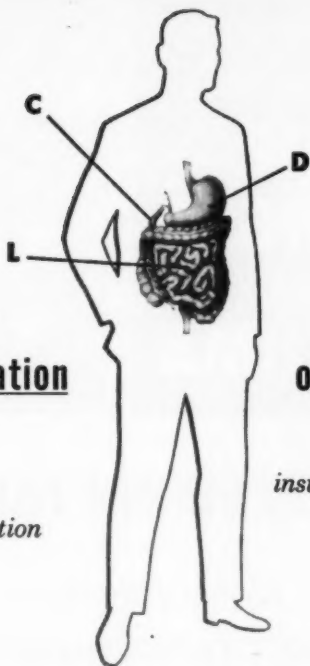
The Aides' Training

- 37% have received on-the-job instruction only.
- 30% have attended professional nursing school.
- 21% have attended business school.
- 12% have attended medical technicians' school.
- 5% have attended practical nursing school.
- 3% have taken courses sponsored by medical or aides' societies

Percentages total more than 100 per cent because some aides have had more than one type of training.

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of constipation

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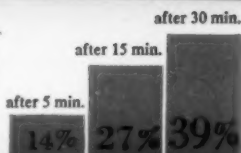
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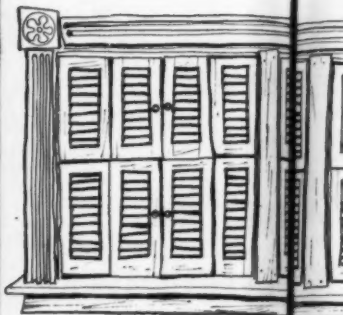
Average increase in 30 minutes — 807 cc.)*



Average vital capacity of 20 patients in acute asthmatic attack was 2088 cc. before treatment.*

*Spielman, D.: Ann. Allergy 15:270, 1957.

AIR HUNGER in ASTHMA

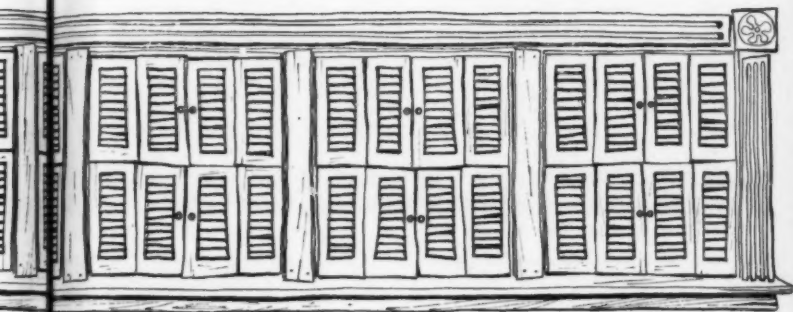


RELIEVED IN MINUTES

Acute: 74% of severe attacks terminated by oral medication

Fifty unselected patients admitted for emergency room treatment of severe acute asthmatic attacks were given 75 cc. Elixophyllin orally instead of intravenous aminophylline. Of these, 37 (74%) were completely relieved and discharged without further treatment — 9 responded to additional therapy — 4 were hospitalized as status asthmaticus cases.

— Schluger, J., et al.: Am. J. M. Sci. 234:28, 1957.



TEY ORAL DOSAGE...

*Chronic: Daytime dosage
schedule affords most patients
4-hour relief*

Two days

1 (3 tablespoonfuls) on arising
1 (3 tablespoonfuls) on retiring
1 (3 tablespoonfuls) once midway
between above doses (about 3 P.M.)

After two days

Size of doses should be
slightly decreased to
determine proper individual
maintenance dosage.

1 tablespoonful (15 cc.) contains: THEOPHYLLINE, 80 mg., ALCOHOL 3 cc.
Bottles of 1-6 fl. oz. available at prescription pharmacies — Rx only.

CLIXOPHYLLIN

gastric intolerance
may be encountered.

Discontinue upon request

Sherman Laboratories
Detroit 11, Michigan

WHAT DOCTORS LOOK FOR IN AN AIDE

reports that his current aide was a rancher before he lassoed her. And the doctor whose girl was an electrician. Also—most certainly—the doctor who swears his aide used to be a garage mechanic.

Although the aides' median age is somewhere in the thirties, two out of five are 40 or more. Several of the respondent doc-

tors insist they prefer older women. Says a New Jersey man: "My best help has come from mature aides whose children are grown and no longer in need of supervision. Such women generally get along well with people. They have good judgment and a sense of responsibility. They're likely to take pride in their jobs."

Some doctors also emphasize that there's less turnover among older aides. "Two of my girls left because they were pregnant, two because they wanted to join husbands who were in military service, others for other reasons connected with their youth," reports a New York State practitioner. "So I've stopped hiring

The Aides' Ages

- 2% are 19 or younger
- 30% are between 20 and 29
- 28% are between 30 and 49
- 27% are between 40 and 49
- 13% are 50 or older

How Doctors Rank the Factors That Influence Aides' Starting Salaries

1. The aide's personality
2. The aide's general employment experience
3. The aide's educational background
4. The aide's personal appearance
5. The aide's technical training
6. The aide's medical employment experience
7. The aide's age
8. The aide's marital status

CYCLO-MASSAGE

*a new concept in
dynamic physiotherapy*



Basic Cyclo-Massage® units are therapeutic appliances that release a gentle multi-directional, small amplitude, deeply penetrating cycloid force which "radiates" through the soft tissues as well as the bony structure of the body. The action, purely physical in nature, has been widely reported to help decrease muscle spasm of a variety of types and decrease pain associated with muscle spasm. It also helps to relieve nervous tension and encourage natural deep sleep. In essence, Cyclo-Massage® is a non-specific muscle relaxant having analgesic properties with reference to pain associated with muscle spasm. It also has non-specific sedative properties . . . so useful in tense, nervous persons.

This new, dynamic, easy-to-apply, physical modality has been submitted to critical clinical evaluation, and has been found to aid in relaxing muscle spasm in a variety of syndromes, and more particularly, in relieving muscle spasm and pain associated with chronic arthritis, bursitis, and fibrositis. These same studies reveal that Cyclo-Massage® is also sedative in character . . . helping to decrease nervous tension and encourage sleep in most people.

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Professional
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would appreciate details on
Niagara Cyclo-Massage Units.

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In Canada: Monarch Massage, Ltd., Fort Erie, Ontario

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extra pair of hands"*



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DEALER NOW.....\$60.00

WELCH ALLYN

WHAT'S WANTED IN AIDES

young aides. I now employ a post-menopausal secretary."

Whether they like them young or old, the doctors rarely scale an aide's starting salary up or down in accordance with her age. Nor do they adjust starting salary in the light of her marital status.

Personality Counts

What factors do influence starting salary? Above all, personality, the doctors say. Of next greatest importance are educational background and job experience. **MORE▶**



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WHAT DOCTORS LOOK FOR IN AN AIDE

And there you have a rough picture of the kind of girl the typical doctor prefers. She's probably pushing middle age. She's likely to have had special training and helpful job experience. But if she's had neither, she's pretty sure to be personable, intelligent, and willing to learn.

What if a doctor can find these qualities only in his wife? Then

the words of a West Coast G.P. may be appropriate: "The best advice I can give other doctors is this: Get your wife working with you. She'll have a more personal interest in making your work lighter and in seeing that everything moves along smoothly. But I recommend the arrangement only in cases where the doctor and his wife get along well in *all* their relations." END



"Make a dozen copies, Miss Blessing, so we can find one if we need it."

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more effective deodorant action than
any other deodorant soap**



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Hexachlorophene Dial.



New Dial with TCC and a
chlorinated bisphenol.

These culture plates were streaked with the organism *M. pyogenes* var. *aureus* (bacteria causing odor and pyogenic trouble). The photos show the results of adding 5 p.p.m. of the test soap to each plate.



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TMTD Soap.

No single deodorant tested has ever surpassed Dial's hexachlorophene in effectiveness. But, Dial's new synergistic combination of two deodorant ingredients—a chlorinated bisphenol and a trichlorocarbanilide, shows a marked superiority in all tests.

Dial inhibits the growth of a wider range of odor causing skin bacteria (both gram-positive and gram-negative) than any other deodorant soap now available.

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MEDICAL ECONOMICS • APRIL 14, 1958 171

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for reliable,
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treatment problems



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common infections

CLAMYCIN — effective in many of the common infections due to gram-positive organisms (staphylococci, streptococci, pneumococci); also against some gram-negative organisms (monococci, *Haemophilus influenzae*)

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CLAMYCIN — has not caused serious sensitivity or toxic reactions such as anaphylaxis, micrococcal enteritis, or blood dyscrasias

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SUPPLIED:

Capsules, 125 and 250 mg., bottles of 36. Oral Suspension, 125 mg. per 5 cc., bottles of 2 fl. oz. Also available: Oleandomycin Phosphate, Wyeth, for intravenous administration — as a dry powder for reconstitution; each vial contains 50 mg. of oleandomycin base as the phosphate salt

You can choose whether your family is to get the proceeds in a lump sum or in installments when you die. But make sure you choose right



How Do You Want Your Life Insurance Paid?

By William J. Matteson

If you're like most doctors, you have at least \$50,000 worth of life insurance. And you've probably made provisions to have the money paid to your beneficiaries in one of the following ways, or in some combination of them: (1) as a lump sum; (2) as installments for a fixed number of years; (3) as monthly income for as long as the beneficiary lives; (4) as interest payments to a primary beneficiary, with the principal sum going eventually to a secondary one.

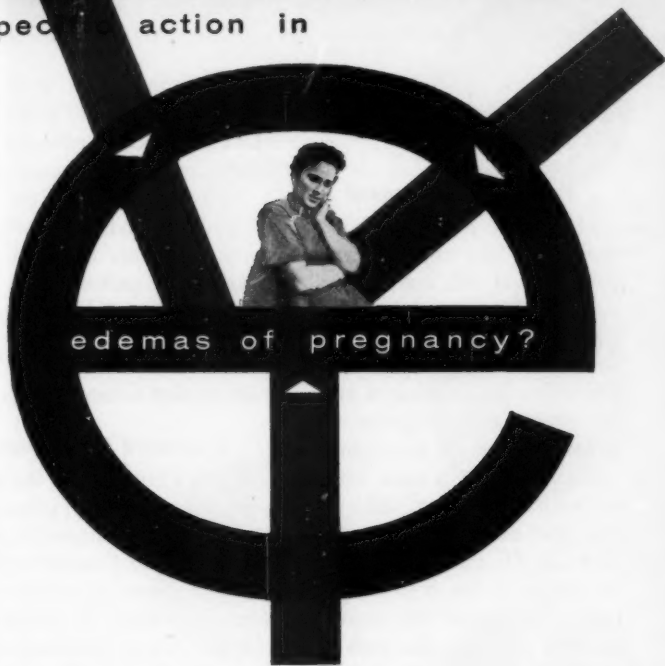
Those are the basic settlement options offered in typical life insurance contracts. You probably gave a lot of thought to the problem when you bought your policies; and you probably chose the options that seemed best for your family.

But here's an important question: Are your beneficiaries' present insurance needs different from what they were when you last examined the policies? They may well be. Better take time to reconsider the settlement options and to make some changes, if necessary.

In the following paragraphs you'll find a brief analysis of each of the four options, with emphasis on its virtues

THE AUTHOR is a director of the American Institute for Economic Research.

specific action in



edemas of pregnancy?

neo Bromth[®]

maleate, Brayten

The etiology of abnormal water retention during pregnancy is still unknown; however, the widespread interest in— and successful treatment of—premenstrual tension in recent years has resulted in serious consideration by a number of investigators of a possible common denominator between the two conditions.

The study of both diseases revealed a striking similarity of symptoms and signs suggesting a common etiology.^{1,2}

There now is an impressive report in *Am. J. Obst. & Gynec.* by James and Johnson³ on the treatment of 180 edematous pregnant patients with the relatively new preparation—neo Bromth.

Clinically, James and Johnson found neo Bromth "to be as superior to other therapeutic measures in our edematous

pregnant patients as Bickers and Greenblatt found it to be in treating premenstrual tension."

Existing or developing edemas were controlled in 162 (90%) of the 180 patients. No other medication, or special diets, were necessary. These investigators concluded that "neo Bromth, although non-hormonal therapy, appears to possess a specific antidiuretic hormone antagonism which would account for its effectiveness in both premenstrual tension and edemas of pregnancy."

neo Bromth is safe, non-hormonal therapy. Each 80 mg. tablet contains Pamabrom (2-amino-2-methyl-1-propanol 8-bromotheophyllinate) 50 mg. and pyrilamine maleate, 30 mg. Dosage, 2-3 tablets T.I.D. or Q.I.D., commencing at the first signs of undesirable weight gain.

1. *Brit. M.J.* 1:1007, 1953.

2. *Brit. M.J.* No. 4896, 1071, 1954.

3. *Am. J. Obst. & Gynec.* 74:1054, Nov., 1957.

BRAYTEN PHARMACEUTICAL COMPANY Chattanooga 9, Tennessee



YOUR LIFE INSURANCE

and defects. At the end, you'll find some practical tips on how to choose.

1. Lump-Sum Payment

If you've made no other choice, the face amount of most policies will be automatically paid to your beneficiary in a lump sum. This is fine when the chief purpose of the policy is to pay debts, taxes, funeral costs, etc. But it can be dangerous if it's to help support the beneficiary.

For instance, if your wife is no business woman, she could lose the money fast on shaky ventures. Or she might invest it so cautiously that it would yield only a fraction of the income it should. (Though proceeds are exempt from income tax, income from them *is* taxable.)

That's why it's usually wise to avoid the lump-sum method—on big policies, at least. But if you make no other choice, your wife herself, (assuming she's your beneficiary) will have a right to do so at your death. So you'd better make sure she too understands the various options.

You can spare her such responsibilities only by choosing among the options yourself—or by setting up a trust. This is one

way to eliminate most of the dangers of lump-sum payment. Have the proceeds paid to a trust fund managed by a local bank.

There's much to be said for such trust funds (and I'll say some of it later on). But they have this drawback: Not only does the bank charge a management fee of 4 or 5 per cent of the income, but the income itself is fully taxable to the beneficiary.

2. Limited Installments

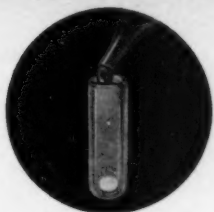
If you'd rather avoid the lump-sum method entirely, you can direct that your insurance proceeds be paid in equal installments for a specified number of years. Interest is included in such installments. So your beneficiary will get more money than she would under a lump-sum settlement. (Only the interest will be subject to Federal income taxes.)

One possible objection to the limited-installment option is this: The income may stop while your wife still needs it. For most doctors, though, it's a good way to make sure their youngsters will be provided for until grown.

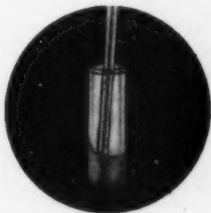
3. Life Income

Another settlement method provides monthly income for as

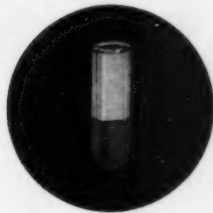
In your office: **IT'S THIS EASY!**



- 1.** Add 4 drops serum or plasma to one PHOSPHATAB tablet in special tube.



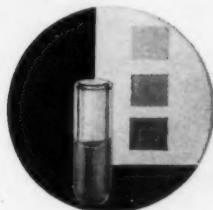
- 2.** Crush tablet.



- 3.** Let stand at room temperature 12-30 minutes. (time from chart)



- 4.** Add 1 drop of color developer: mix.



- 5.** Compare color.

**For the First Time: STAT ASSURANCE
In These Common Diagnostic Problems:**

Uncertain bile duct involvement

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Threatened jaundice from tranquilizers

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• free of local irritation • most convenient form whenever oral
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acetate (STERANE) in aqueous suspension



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YOUR LIFE INSURANCE

long as the beneficiary lives. The amount of each payment is based on the beneficiary's age at the time of your death. Such an income is practically tax-free.

There are several different ways in which you can take advantage of this option. First, you can direct that payments be made during your beneficiary's lifetime *only*. Then, for example, if your wife lives to an exceptionally great age, she'll collect much more than the policy's principal amount. But if she dies soon after you do, much of the principal will be forfeited.

This kind of settlement is a good bet for the doctor who wants to assure the biggest possible lifetime income to *one* beneficiary. If your children are already self-supporting and you've only your wife to worry about, you'll do well to consider it.

Another variation of the life-income option *guarantees* payments for a specified number of years—usually ten, fifteen, or twenty. If your primary beneficiary lives on beyond this specified period, the payments continue for the rest of her days. If she dies before the guarantee is up, the remaining payments go to your estate or to the specific

people you name. So this might be the best program for you if you have young children.

A similar form of life-income option guarantees that if the primary beneficiary dies before receiving an amount equal to the principal amount, the balance goes to a second beneficiary.

There's one more variation of the life-income option. It provides joint payments to two beneficiaries—for example, your parents—until one of them dies. The survivor then gets installments for the rest of his life.

4. Interest Only

If you choose this option, the insurance company will act as trustee for your money. It will pay a guaranteed rate of interest (fully taxable) to your beneficiary. As for the principal, you can direct that it be paid to your children at your wife's death. (Though you can see to it that she herself, as primary beneficiary, will have the right to withdraw sums when there's a pressing need.)

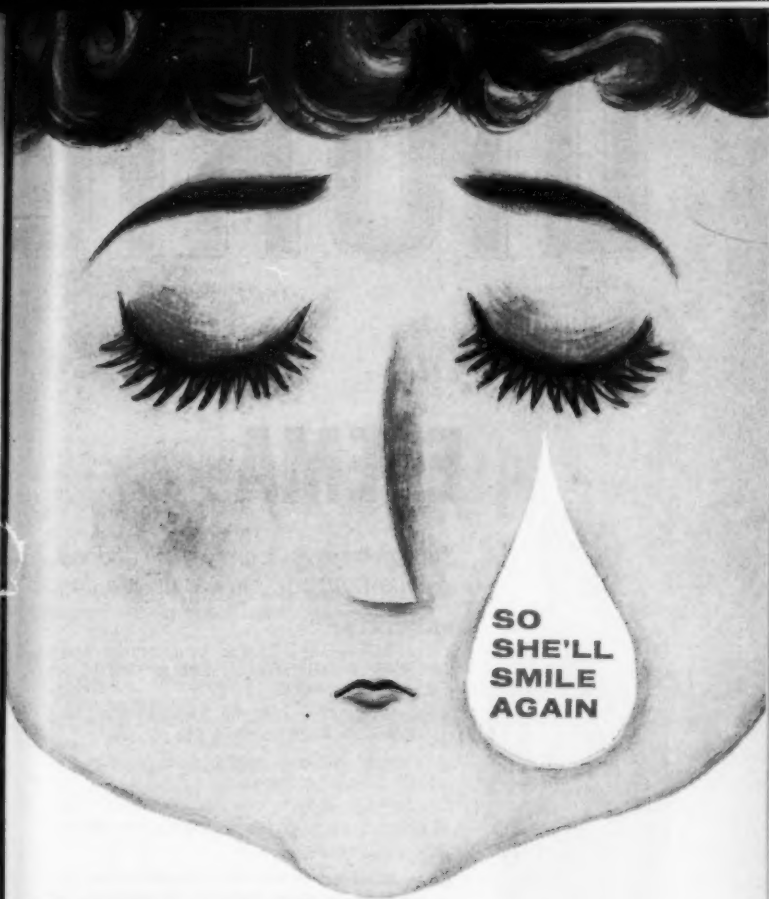
There you have your main choices. All except the lump-sum method involve leaving your insurance proceeds with the company. Is this better or worse than

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$\frac{1}{2}$, 1 or 2 tablets once, twice or three times daily. The usual dosage is one tablet upon arising and at 11 A.M. and 4 P.M.

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Start therapy with one or two 500 mg. tablets of 'DIURIL' once or twice a day.

BENEFITS:

- The only orally effective nonmercurial agent with diuretic activity equivalent to that of the parenteral mercurials.
- Excellent for initiating diuresis and maintaining the edema-free state for prolonged periods.
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Any indication for diuresis is an indication for 'DIURIL':

Congestive heart failure of all degrees of severity; premenstrual syndrome (edema); edema and toxemia of pregnancy; renal edema—nephrosis; nephritis; cirrhosis with ascites; drug-induced edema. May be of value to relieve fluid retention complicating obesity.

SUPPLIED: 250 mg. and 500 mg. scored tablets 'DIURIL' (chlorothiazide); bottles of 100 and 1,000.

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HYPERTENSION

1 INITIATE 'DIURIL' THERAPY

'DIURIL' is given in a dosage range of from 250 mg. twice a day to 500 mg. three times a day.

2 ADJUST DOSAGE OF OTHER AGENTS

The dosage of other antihypertensive medication (reserpine, veratrum, hydralazine, etc.) is adjusted as indicated by patient response. If the patient is established on a ganglionic blocking agent (e.g., 'INVERSINE') this should be continued, but the total daily dose should be immediately reduced by 25 to 50 per cent. This will reduce the serious side effects often observed with ganglionic blockade.

3 ADJUST DOSAGE OF ALL MEDICATION

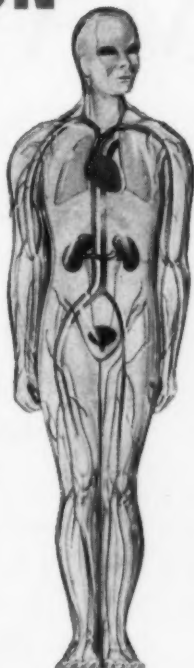
The patient must be frequently observed and careful adjustment of all agents should be made to determine optimal maintenance dosage.

BENEFITS:

- improves and simplifies the management of hypertension
- markedly enhances the effects of antihypertensive agents
- reduces dosage requirements for other antihypertensive agents—often below the level of distressing side effects
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Original Research in
Medicine and Chemistry

YOUR LIFE INSURANCE

setting up a trust fund to handle a lump-sum payment?

Well, there are advantages to both arrangements.

Installment payments receive favorable tax treatment—only the interest is taxable. Besides, a spouse-beneficiary gets a special annual tax exemption of up to \$1,000 on the interest.

Furthermore, the insurance

company doesn't charge a fee for acting as trustee for your money; banks do. The insurance company guarantees both the principal and the rate of income; banks make no such guarantees. And a trust usually decreases in value during deflationary periods.

On the other hand, if a bank-managed trust fund is well administered, it usually rises in val-



© MEDICAL ECONOMICS

YOUR LIFE INSURANCE

ue during inflationary periods. Money left with an insurance company doesn't. Even after management fees are deducted, the trust fund is also likely to yield a higher income than will the insurance company's guaranteed interest rates.

How big *are* these rates? That's an important question to consider in choosing among your options. The interest your policy will pay is set forth in the contract. The rate may range from 2 to 3½ per cent, depending on the policy. It's likely to be higher on older policies than on those you've bought recently. In fact, the interest rates of older policies provide bargains as compared with similar arrangements in later contracts.

And the older policies also give you the best deal in life-income options. For when they were written, people weren't expected to live as long as they are expected to today.

Obviously, these are things to think about when you're choosing a type of settlement for a given policy.

For instance, let's say you'd like your wife to have \$150 a month for life from insurance.

And let's assume that she'll be

50 when the income begins. Under interest rates and life-income options offered in typical policies written today, you'd need about \$38,500 worth of insurance to swing this.

But if you bought your coverage a quarter of a century ago—back in 1932, say—only about \$28,000 worth would give her the same life income.

Tips on Choosing

What, then, is the best way to arrange your life insurance proceeds? Clearly, no one plan can be best for all doctors. You'll do well to get the advice of your agent or an insurance consultant before making final decisions. Meanwhile, here's a good way to begin:

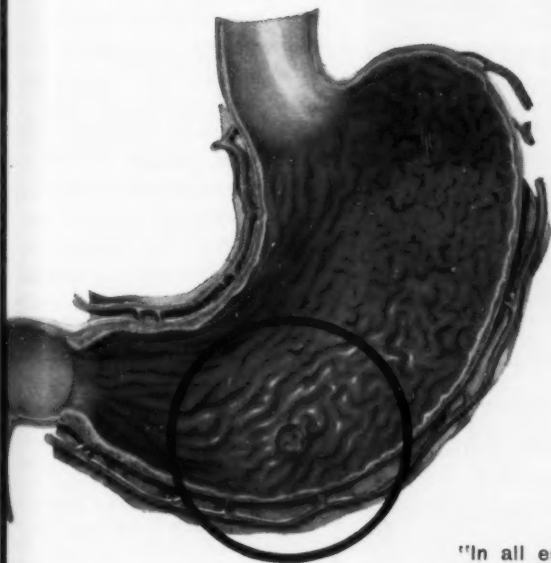
1. Look over your policies and choose the one (or two) that will pay your wife the best life income per \$1,000 of proceeds. Consider having the money paid to her in monthly income for life, with a guaranty period that will continue payments to your minor children in case she dies. Keep the guaranty period as short as possible, so that your wife will be assured of fairly substantial monthly payments.

2. To give your wife some ad-

in the peptic-ulcer regimen

ACID NEUTRALIZATION

is fundamental



"In all essential respects subsequent investigations have corroborated the original concept of Sippy [acid neutralization]."¹

1. Cecil, R.L., and Loeb, R.F.: A Textbook of Medicine. W. B. Saunders Co., Philadelphia, 1955, 9th ed., p. 870.

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YOUR LIFE INSURANCE

ditional income while the young-
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From your remaining policies,
pick the one that pays the high-
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Specify that the proceeds of this
policy be paid to your wife in in-
stallments over a specified per-
iod, so that the kids will be taken
care of while they're still kids.

3. Earmark some or all of your
most recent policies for lump-
sum payment, either to your wife
or to a trust fund. At least part
of the money will doubtless be
needed for immediate expenses
after your death.

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They're Ready to Testify for the Plaintiff

Panels of doctors throughout one state will provide impartial testimony in malpractice cases. It's a good answer to the 'conspiracy of silence' charge. It may even help hold down court awards

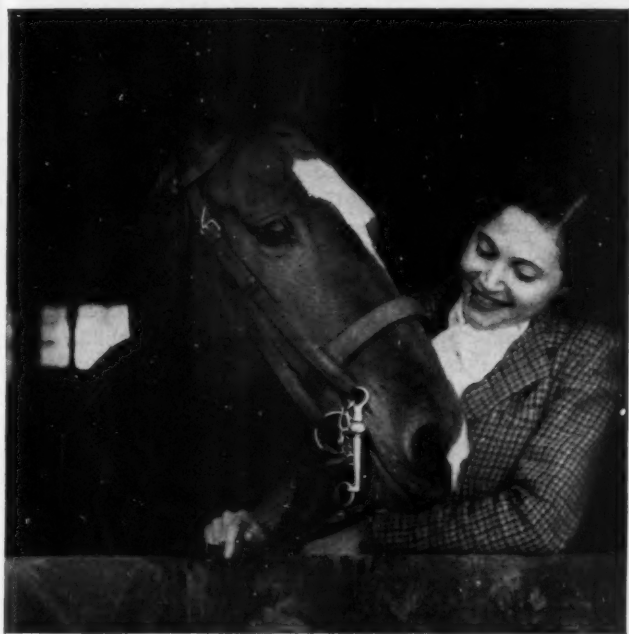
By Rollen Waterson

"No matter how lacking in skill or how negligent the medical man might be, it was almost impossible to get other medical men to testify adversely . . ."

That statement was made recently by a California judge. It's a harsh stricture on the medical profession. But one thing about the wording should please doctors everywhere: It's in the past tense.

There's a good chance there'll be no future ground for such rebukes, at least in California. The state's doctors, working with the bar association, have mapped out a program for cooperation with plaintiffs' attorneys in malpractice cases. The Californians think their plan will end all talk about a "conspiracy of silence," as doctors'

THE AUTHOR is executive secretary of the Medical Review and Advisory Board, California Medical Association.



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THEY'LL TESTIFY FOR THE PLAINTIFF

reluctance to testify is so widely known. And if it does the trick in California—well, why couldn't it work elsewhere?

Briefly, here's the plan:

A panel of outstanding G.P.s and specialists is chosen by the county medical society. The list is given to the county bar association. From this list, the plaintiff's attorney in a malpractice case may choose a physician for pre-suit expert opinion—or, if the case goes to trial, for testimony as an expert witness.

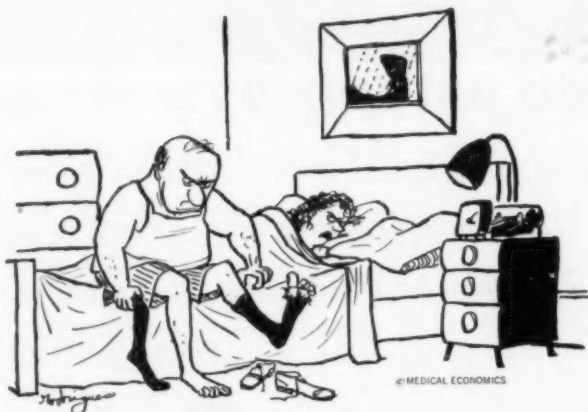
But, you may ask, does this make the reluctant medical witness any less reluctant? Ap-

parently it does, because he's no longer in a strictly individual role. He's now acting at the request of the medical community.

A forerunner of the state-wide plan has already proved its value in Los Angeles County. Local doctors there praise the two-year-old program for having accomplished these three things:

1. It has reduced a major cause of bad public relations—the impression that doctors always defend other doctors, right or wrong.

2. It has helped check the trend toward enormous malpractice awards. How? Chiefly by



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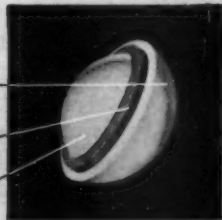
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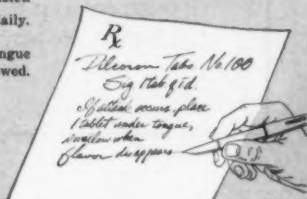
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changing the attitude of judges who, because of what they considered a "conspiracy of silence," used to instruct juries that it was

up to the defendant doctor to prove his innocence.

3. It has taken some of the steam out of those who've been

The Doctors' Answer to the Consp

The following plan was devised by California doctors. It's designed to assure impartial medical witnesses in malpractice cases. It calls on county medical societies to provide panels of physicians willing to consult with plaintiffs' attorneys for expert pre-suit opinion or courtroom testimony. Here's the recommended set-up:

1. Selection of panel members: They're to be appointed by the county medical association for approval by the county bar association. Panels are to be composed, in proportions suitable to the locality's medical make-up, of G.P.s, internists, general surgeons, OB/Gyn. men, pediatricians, pathologists, radiologists, etc. A new panel is to be appointed each year, but the same physicians may be reappointed. Physicians who're members of malpractice defense committees aren't eligible.

2. Indoctrination of panel members: No appointee may serve till he has attended a series of lectures on what's expected of the expert medical witness. These are to be given by a joint indoctrination committee of the medical and bar associations.

3. Calling on a panel member: The county bar association is to supply a list of panel members to the plaintiff's attorney on request. He may then decide on a physician and ask him

advocating a state law that would permit medical textbooks to be used as evidence in malpractice cases. Plaintiffs' attorneys

thought up this when they had trouble getting doctors to testify.

The Los Angeles program has worked so well that the state-

to the Conspiracy of Silence' Charge

in writing to be a witness. The doctor is then to notify the county medical society and the bar association in writing of the request, giving the names of the attorney, the plaintiff, and the defendant doctor.

4. *Disqualification of panel members:* No member may serve on a case if the plaintiff is or ever has been his patient, or if there's a relationship (professional or otherwise) between the panel physician and the defendant.

5. *The panel physician in court:* He's to make no reference in court to the fact that he's a panel member. And judges should asked to ban mention of this by counsel on either side. (Reason: When a jury knows that the witness belongs to such a committee, it may attach undue weight to his testimony.)

6. *Fees:* Arrangements are to be left to the plaintiff's attorney and the panel member. But as a guide, the following charges are suggested:

¶ Examination and report: \$35 to \$50, with X-rays and laboratory tests extra.

¶ Additional time for consultation and/or research: \$25 per hour.

- ¶ Court appearance: \$100 to \$125 per half-day; \$200 to \$250 per day

THEY'LL TESTIFY FOR THE PLAINTIFF

wide plan is modeled on it. The plan got its start about two years ago, when Frederick O. Field became legal counsel for the Los Angeles County Medical Association. Soon after taking over, he discovered something interesting in the association's old files:

The Early Effort

In 1948, when the late Dr. Louis Regan had been legal counsel, local doctors and lawyers had formed a joint committee. They had given it the job of setting up a panel of medical witnesses whom the lawyers could

call upon in malpractice cases. But the committee had evidently never functioned.

Wondering why, Field finally figured that the main trouble had been lack of publicity: Practically nobody had known about the plan. And a secondary difficulty had been lack of continuity: L.A.C.M.A. committee chairmen usually serve only one year. That's a big disadvantage for a committee with a big job ahead of it.

The more Field thought about the panel idea, the better it sounded to him. He discussed it

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with a few lawyers and doctors and found them unanimously in favor. So he put the matter up to Dr. Ewing Turner, then president of the medical association.

Doctors and Lawyers

Upshot: A Los Angeles orthopedist, Dr. Homer C. Pheasant, was appointed chairman of a re-born joint committee composed of seven physicians and seven lawyers. Dr. Pheasant has served ever since, thus providing the continuity the earlier committee didn't have.

The doctors and lawyers speedily organized a medical-expert panel and started the program on its way. And, like any pioneers, the committee made a few mistakes at first.

Man in a Trap

For one thing, it didn't give early panel members a sufficiently thorough briefing about what was expected of them. So an occasional panel doctor took his duties too lightly. One such man had a bad experience as a result:

He accepted the facts of a case as they were told him by—of all people—the plaintiff's attorney. Basing his opinion entirely on these "facts," the doctor went all-out for the plaintiff in court. But cross-examination by the defense

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attorney quickly made him look foolish:

If the facts, asked the defense attorney, had been thus and so instead of the way the witness understood them to be, would the defendant physician have been correct in what he did? Certainly, answered the witness. Whereupon the defense shocked him by proving from written records that the facts *had* been exactly as described in the defense attorney's question.

Today, new panel members are better indoctrinated. The doctor-witness knows he must

carefully review every case for himself. So he reads all the records, takes a history, and usually examines the patient.

The committee made another mistake at the outset when it relied on volunteers to fill the panel. Says one man who was a committee-member at the time: "We got some men who were respected in their fields. But we also got others who were mainly interested in the fees."

Adds another physician: "Among the first panel members were a number of men who'd formerly accepted under-the-table



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REFERENCE: (1) Ridolfo, A. S. & Kohlstaedt, K. G., "A simplified method for the rectal instillation of theophylline"—to be published



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payments from plaintiffs' attorneys. These physicians were eager to serve. Some figured that as panel members they'd gain respectability and could work right out in the open."

Biased Witness

One such man was called as a witness in a case that points up the importance of impartial medical testimony. The defendant had treated a patient with a backache by placing him in traction. When the pain later recurred, the patient consulted another doctor, who was a strong advocate of surgery for back troubles. This second physician told the patient that the previous treatment had been worthless and that all his suffering could have been avoided. So, after a successful operation, the patient sued his first doctor for malpractice.

The panel member chosen by the plaintiff's attorney behaved as if his only obligation were to the plaintiff. He eagerly helped the attorney prepare his case. And he testified so effectively that the defense had to settle.

Yet orthopedists and neurosurgeons who later reviewed the case emphasized that the first doctor's treatment had been entirely correct. They agreed that the panel "expert" had been re-

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miss in not even mentioning the widely accepted medical view that conservative treatment should be tried first in such cases.

Out the Window

After a few similar incidents, the volunteer system was abandoned. Instead, each committee member was assigned a geographical area from which to recruit likely candidates for the panel. The joint committee then reviewed the entire list of possibilities before selecting the names of doctors who seemed best fitted to serve.

The Final O.K.

This procedure is still followed whenever it becomes necessary to add new doctors to the panel. The final list is then sent to bar-association headquarters. And the bar association makes the list available to any lawyer who wants it.

While the Los Angeles plan was getting established, the California Medical Association and the State Bar Association were observing it with intense interest. Both organizations had started separate studies of the medical-witness problem back in 1955. Finally, last March, they were ready to get together.

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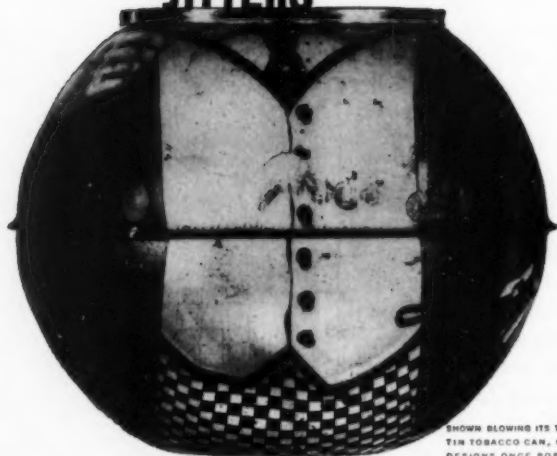


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a model, their joint committee worked out details for a "professional liability panel" system to be operated at the county level. Hence the program that's now being recommended to all California county medical societies. (It's summarized in detail on pages 194-195.)

It's still too early to tell how widely accepted this system will be throughout the state—and the nation. But most medical men in Los Angeles feel its general adoption is only a matter of time.

How Lawyers Reacted

So far, 116 plaintiffs' attorneys have used the Los Angeles panel. Lawyer Frederick Field recently surveyed forty-nine of them. Only eleven had any complaints. Two of the grumblers were miffed because the judge had refused to choose a panel member for them; the others were distressed because the expert witnesses hadn't testified in their favor. The rest of the attorneys had nothing but praise for the panel. Many spoke enthusiastically of the doctors' fairness and honesty.

What about the insurance companies? There are three in Los Angeles whose malpractice coverage is "approved" by the

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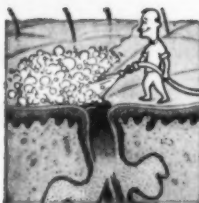
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local medical society. At first, all three were extremely doubtful about the panel. Today they strongly support it.

How Defendants Feel

And what of the physicians involved in malpractice cases? One defendant did complain that he'd lost his case because a panel witness had abused him "unmercifully." But after reviewing the case, Dr. Pheasant and his committee concluded that the panel doctor had actually taken a fair view of the facts.

Dr. Pheasant cites this incident as a good indication that panel members aren't in cahoots with insurance companies. He points out that the committee has had as many complaints from defendants as from plaintiffs.

Pleasant Surprise

"At first, plaintiffs' attorneys were slow to use the panel," he reports. "They suspected us doctors of trying to trap them. They thought all they'd get out of a panel member would be attempts to cover up for other doctors.

"Now they know better—and they're enthusiastic. Even once skeptical judges are convinced that most doctors *do* testify objectively and honestly under our system."

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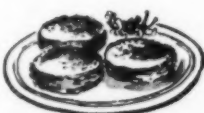





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That American men and women have a personal stake in the program of the American Cancer Society is demonstrated by the public's generous support of the Crusade. This year the goal is \$30,000,000 and we are confident that our people will meet the challenge . . . will "fight cancer with a checkup and a check" in the encouragement of further progress.

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By Forrest P. White, M.D.

I'd read several articles in *MEDICAL ECONOMICS* about the advantages of itemized billing. I'd been impressed by the arguments, too. But it took the following pair of personal experiences to make me see the light:

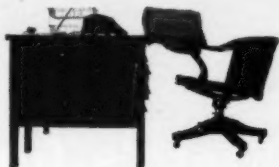
1. After one of my children had made several trips to the dentist, I got a bill marked simply: "Balance (50% of \$24): \$12." My wife said, with some irritation: "Fifty per cent for professional courtesy is fine. But \$24 for what? It doesn't say how many teeth he filled or what he did."

Suddenly I realized how some of *my* patients must feel. This dentist was a trusted acquaintance of long standing. He'd given me a deduction, and the total bill didn't strain my budget. But suppose the bill had been bigger. Suppose I'd been strapped for cash. Suppose I'd had no special reason to trust either the dentist or his secretarial help.

I could visualize one of my patients wondering how much of my charge was for Johnny's shot and how much for Susan's examination and lab work. I could picture

THIS ARTICLE has won one of the 1957 *MEDICAL ECONOMICS* Awards for its author, a pediatrician in Norfolk, Va.

when you treat common bacterial infections...



a well patient back on the job



measures therapeutic success

Pentids

Squibb 200,000 Unit Buffered Penicillin G Potassium Tablets

when an oral penicillin is indicated...prescribe Pentids

Six years experience by physicians in treating many millions of patients with Pentids confirm clinical effectiveness and safety. Excellent results are obtained with Pentids in many common bacterial infections with only 1 or 2 tablets t.i.d. Pentids may be taken without regard to meals. Pentids are economical... cost less than other penicillin salts.

DOSE: 1 or 2 tablets t.i.d. without regard to meals

SUPPLY: Bottles of 12, 100 and 500 tablets

other Pentids products

NEW Pentids For Syrup: Squibb Flavored Penicillin Powder: when prepared with 35 cc. of water, the preparation provides 60 cc. of fruit-flavored syrup, 200,000 units per teaspoonful (5 cc.).

Pentids Capsules: Squibb Penicillin G Potassium 200,000 Unit Capsules, bottles of 24, 100 and 500.

Pentids Soluble Tablets: Squibb Penicillin G Potassium Soluble Tablets - 200,000 units, vials of 12, bottles of 100.

Pentid-Sulfas Tablets: Squibb Penicillin with Triple Sulfas, bottles of 30, 100 and 500.

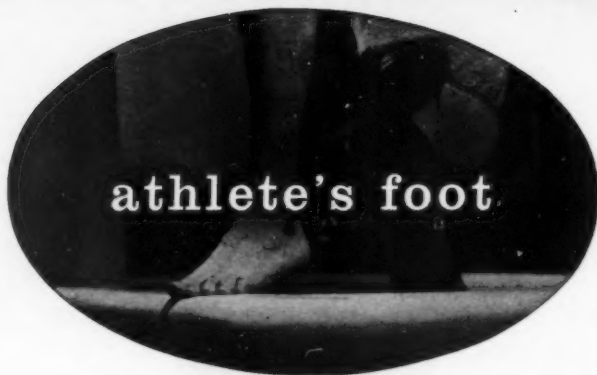
These formulations are given $\frac{1}{2}$ hr. before meals or 2 hrs. after meals.

SQUIBB



Squibb Quality—the Priceless Ingredient

*PENTIDS® IS A SQUIBB TRADEMARK



athlete's foot

carrier unto himself

Once he is infected with athlete's foot, he is likely to remain a "carrier unto himself," even without re-exposure. Daily routine application of Desenex protects against reinfection and recurrence.



fast relief from itching
prompt antimycotic action
continuing prophylaxis

NIGHT and DAY treatment

AT NIGHT — Desenex Ointment (zincundecate) 1 oz. tubes.

DURING THE DAY — Desenex Powder (zincundecate) — 1½ oz. container.

ALSO — Desenex Solution (undecylenic acid) — 2 fl. oz. bottles.

In otomycosis — Desenex Solution or Ointment.

Write for samples.



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WHY ITEMIZE BILLS?

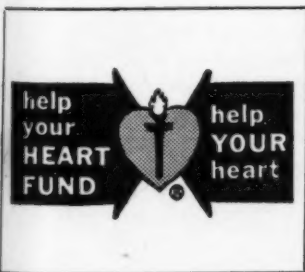
him asking himself how much he was paying for that house call of a few weeks ago. He might even worry over whether my aide had really credited the payment he'd made last month.

He'd probably pay the bill without asking me any questions. But the questions gnawing at his mind might make him wonder whether he and his family had the right doctor.

Thinking of all that, I was shaken but still not quite convinced about itemized billing. Then, a few weeks later, the following experience clinched it:

Right Amount, Wrong Man

2. During an after-office-hours phone session, a long-winded mother launched into an endless monologue. While she gave me the run-down on what all her relatives thought of Junior's bowel habits, I picked up the day's charge cards and be-



the ERGOT product that
OUTLASTED the DECADES

ERGOAPIOL (SMITH) WITH SAVIN CONTAINS ALL THE ERGOT ALKALOIDS NONE OF THE DRAWBACKS OF ESTROGENS

INDICATIONS: Dysmenorrhea, Amenorrhea, Hypomenorrhea, Menorrhagia and Metrorrhagia.

EACH CAPSULE CONTAINS: Powdered extract whole ergot 1 gr., distilled apiol 3 minims, oil of savin 1/2 minim.

AVERAGE DOSE: 1 to 2 capsules t.i.d. or q.i.d.

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doubles the power to resist

food in obesity

- curbs the appetite
- suppresses gnawing bulk hunger

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WHY ITEMIZE BILLS?

gan idly glancing through them. To my dismay, I suddenly spotted a \$7 charge listed that day for my friend Sam Gray, who is the principal of my children's school.

It was clear to me that the wrong Gray had been charged. Earlier that month, Sam's children had had a house call and an office visit for a total charge of \$12. I knew that Sam would have thought the incorrect total of \$19 excessive and that he couldn't help resenting it. But I also knew that nothing would have induced him to question me about it.

Almost certainly, he would have dug into his inadequate public-school salary to pay my bill. On my part, I'd never have

known why he seemed a bit cool to me at our next meeting.

Before I'd finished the phone call with Mrs. Longwind, I'd decided to put in an itemized billing system.

From now on, if Sam Gray gets charged for a service to Paul Gray, he'll know it's an error, because he'll know what he's being charged for. There are no more barren and meaningless phrases like "Balance due" on my bills.

The itemizing system I use? It isn't really important. MEDICAL ECONOMICS has described plenty of good ones. What's important is to start itemizing your bills one way or another. Until you do, you're almost certainly alienating some patients. **END**

Where Credit Was Due

After billing a seemingly moronic unmarried mother for delivering her child, I received the bill back with this note: "The father of my child is John Doe. Mail the bill to him."

I laughed, gave her credit for being brighter than I'd thought, and tore up the bill.

Several months later, a man was picked up for stealing. It came out that he was my patient's boy friend.

And his name actually was John Doe.

—JOHN WELLS ROSS, M.D.



Now—

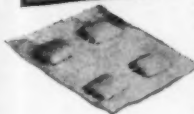
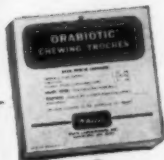
“A BACTERIOSTATIC BATH”*

*Controls Oropharyngeal Infections
and Relieves Discomfort Quickly*

Chewing ORABIOTIC releases a soothing flow of saliva laden with two locally potent and complementary antibiotics—neomycin and gramicidin—plus a topical analgesic, *propesin*, which is more effective than benzocaine.

NON-SENSITIZING AND NON-IRRITATING.

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NEW ANTIBIOTIC-ANALGESIC CHEWING TROCHES

for topical treatment or prophylaxis

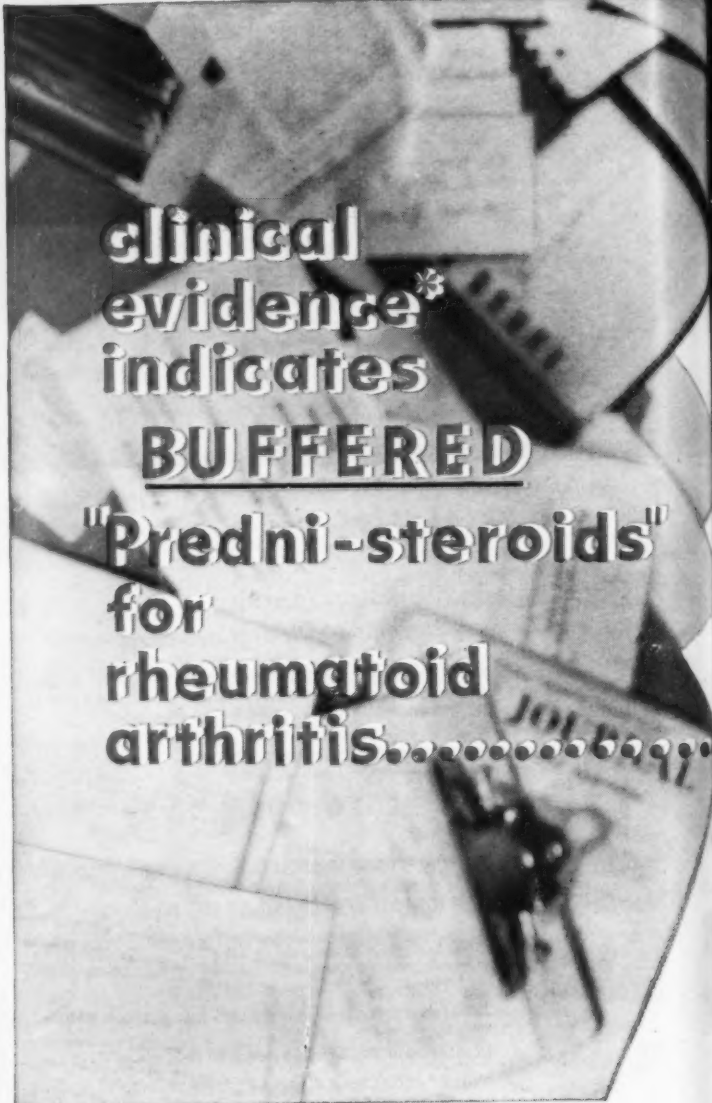
For the relief of postoperative discomfort and the prevention of secondary hemorrhage following tonsillectomy. Valuable also as a topical adjunct to systemic treatment of bacterial infections of the mouth and throat.

EACH TROCHE CONTAINING: neomycin 3.5 mg., gramicidin 0.25 mg., and propesin 2.0 mg.

IN PACKAGES OF 20. One troche chewed for 10-15 min. q. 4h.

WHITE LABORATORIES, INC., KENILWORTH, N. J.

*Granberry, C., and Beatrous, W. P.: *The Effect of an Antibiotic Chewing Troche on Post-Tonsillectomy Morbidity*, E. E. N. T. Monthly (May) 1957.



**clinical
evidence*
indicates**

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**"Predni-steroids"
for
rheumatoid
arthritis.....**

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patients r
ake each
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multiple

ME

Gastric distress accompanying "predni-steroid" therapy is a definite clinical problem—well documented in a growing body of literature!

*"It is our growing conviction that all patients receiving oral steroids should take each dose after food or with adequate buffering with aluminum or magnesium hydroxide preparations."—Sigler, J. W. and Ensign, D. C.: J. Kentucky Med. A. 54:771 (Sept.) 1956.

*"The apparent high incidence of this serious [gastric] side effect in patients receiving prednisone or prednisolone suggests the advisability of routine co-administration of an aluminum hydroxide gel."—Bollet, A. J. and Bunini, J. J.: J. A. M. A. 158:459 (June 11) 1955.

One way to make sure that patients receive full benefits of "predni-steroid" therapy plus positive protection against gastric distress is by prescribing CO-DELTRA or CO-HYDELTRA.

provide all the benefits
of "Predni-steroid" therapy—
plus positive antacid protection
against gastric distress

Co-Deltra.
PREDNISONE BUFFERED

Multiple compressed tablets

Co-Hydeltra.
PREDNISOLONE BUFFERED



2.5 mg. or 5.0 mg. of prednisone or prednisolone, plus 300 mg. of dried aluminum hydroxide gel and 50 mg. magnesium trisilicate, in bottles of 30, 100, and 500.

MERCK SHARP & DOHME Division of MERCK & CO., INC., Philadelphia 1, Pa.



Medical Meetings in Europe

Bound for Europe this summer? More than 10,000 U.S. physicians are. And most of them will probably take in at least one of the medical meetings listed below.

Aside from their professional advantages, they're ideally spotted for pleasure. Brussels, home of the 1958 World's Fair, lists seven such meeting from May through September. London has seven. The rest are strategically scattered from Paris to Venice to Moscow. Take your pick from this list of twenty-six, compiled with the help of The World Medical Association:

When	Where	What
May 3-4	Brussels	General Assembly of the International Union for Health Education
May 11-15	Paris	Congress of French Society of Ophthalmologists
May 14-24	The Hague	Reunion of the European Academy of Allergy
May 16-17	Munich	International Congress on the Study of the Bronchi
May 19-24	Brussels	World Congress, Prevention of Industrial Accidents
May 20-23	London	International Symposium on Biosynthesis of Terpenes and Steriols

MORE ►

in angina ...



with new

CARTRAX*

PETN + ATARAX®

(PENTAERYTHRITOL TETRANITRATE) (BRAND OF HYDROXYZINE)

why PETN?

For cardiac effect: PETN is "... the most effective drug currently available for prolonged prophylactic treatment of angina pectoris." Prevents about 80% of anginal attacks.

why ATARAX?

For ataractic effect: One of the most effective—and probably the safest—of tranquilizers, ATARAX frees the angina patient of his constant tension and anxiety. Ideal for the on-the-job patient. And ATARAX has a unique advantage in cardiac therapy: it is anti-arrhythmic and non-hypotensive.

*why combine
the two?*

For greater therapeutic success: In clinical trials, CARTRAX was demonstrably superior to previous therapy, including PETN alone. Specifically, 87% of angina patients did better. They were shown to suffer fewer attacks ... require less nitroglycerin ... have increased tolerance to physical effort ... and be freed of cardiac fixation.



NEW YORK 17, NEW YORK
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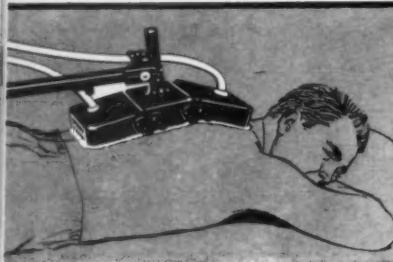
*Trademark

1. Russek, H. I.: Postgrad. Med. 19:562 (June) 1956.

Dosage and Supplied: Begin with 1 to 2 yellow CARTRAX "10" tablets (10 mg. PETN plus 10 mg. ATARAX) 3 to 4 times daily. When indicated this may be increased by switching to pink CARTRAX "20" tablets (20 mg. PETN plus 10 mg. ATARAX.) For convenience, write "CARTRAX 10" or "CARTRAX 20." In bottles of 100.

CARTRAX should be taken 30 to 60 minutes before meals, on a continuous dosage schedule. Use PETN preparations with caution in glaucoma.

FULL POWER
ALLOWS DEEP
HEATING



Full-power tube output of the MF-49 allows deep heating and large-area treatment when needed. The high output in relation to input is obtained by a separate tube circuit that controls frequency. This circuit remains unaffected by the patient circuit.

The MF-49 is adaptable to every technic. It can be used with contour applicator, air-spaced electrodes, induction cable, cuffs and pads, internal electrodes, and for minor electrosurgery.

It has been listed for safety by the Underwriters' Laboratories, and for non-interference by the F.C.C.

BURDICK MF-49
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The Burdick Syllabus, a bulletin on physical medicine, will be sent you on request.



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MEDICAL MEETINGS IN EUROPE

When	Where	What
May 29- June 3	Moscow	International Congress on Athletic Medicine
June 15-20	Lisbon	Congress of the Interna- tional Association of Child Psychiatry
June 24-26	London	International Symposium on Carcinogenesis
June 25- July 1	Stockholm	Congress of the Internation- al Society of Urology
July 1-4	London	British Health and Tuber- culosis Conference
July 6-12	London	International Cancer Congress

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effective, nonirritating

topical fungicide



FUNGACETIN

(25% Triacetin in a water-miscible ointment base)

odorless

nonstaining

The self-regulating physiologic chemical action of FUNGACETIN is effective in the cure or control of a majority of fungus infections of the skin and scalp, especially *T. pedis*, *T. capitis*, *T. corporis*, *T. cruris*, *T. axillaris* and *T. versicolor*.*

SUPPLIED: 1 ounce tubes and 1 pound jars

Manufactured under license from the
Wisconsin Alumni Research Foundation. (Patent applied for)

The G. F. Harvey Company • SARATOGA SPRINGS, NEW YORK

*Johnson and Taura: Glyceryl Triacetate (Triacetin) as a Fungicide, Archives of Dermatology, July 1956.

MEDICAL MEETINGS IN EUROPE

When	Where	What
July 10-18	Birmingham	Scientific Meetings of the British Medical Assn.
July 15-21	London	Congress of the Medical Women's International Association
July 21-25	Dusseldorf	International Diabetes Congress
July 22-24	London	International Symposium on Cell Metabolism
July 27-30	Brussels	Congress for the Study of the Child Aged 1 to 6
July 27-Aug. 3	Brussels	Catholic World Conference on Health
Aug. 15-20	Copenhagen	General Assembly, World Medical Assn.
Sept. 2-4	London	European Congress of Allergy
Sept. 5-13	Lisbon	International Congress of Tropical Medicine and Malaria
Sept. 8-12	Brussels	International Congress of Ophthalmology
Sept. 8-13	Rome	Congress of the International Society of Hematology
Sept. 9	Brussels	General Assembly of the International Association for the Prevention of Blindness
Sept. 14-21	Brussels	World Congress of Cardiology
Sept. 24-27	Venice	International Congress of Angiology and Histopathology

END

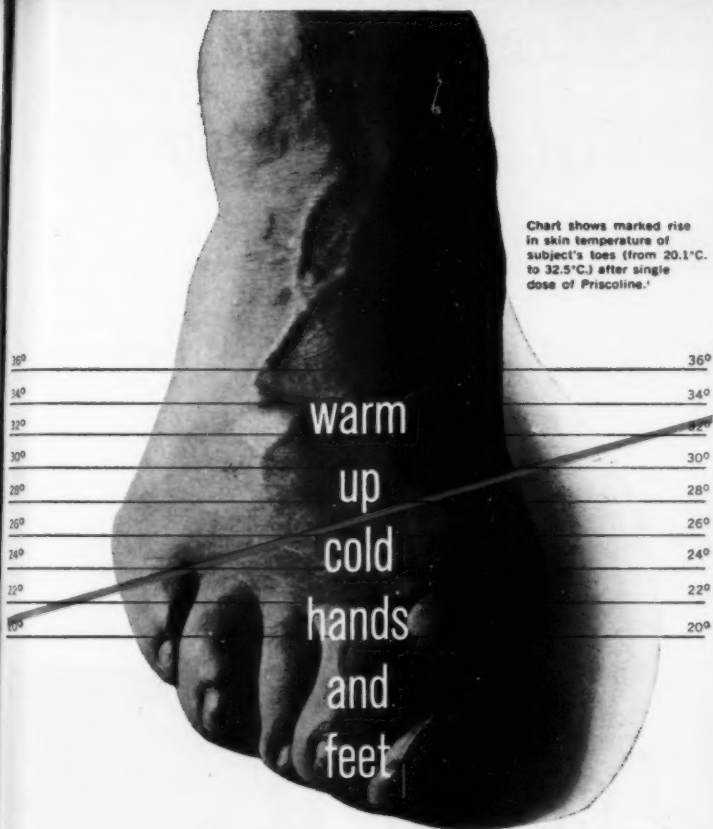


Chart shows marked rise in skin temperature of subject's toes (from 20.1°C. to 32.5°C.) after single dose of Priscoline.*

Priscoline[®]

hydrochloride
(tolazoline hydrochloride CIBA)

When elderly patients complain of cold sensitivity in the extremities, impaired circulation can be suspected. In such cases consider the proved ability of Priscoline to increase peripheral circulation. "Priscoline was the most consistent and most effective vasodilator of several agents compared . . ."

1. Reedy, W. J.: J. Lab. & Clin. Med. 37:365 (March) 1951.

SUPPLIED:

TABLETS, 25 mg. (scored).
ELIXIR, 25 mg. per 4-ml. teaspoon.

MULTIPLE-DOSE VIALS, 10 ml., 25 mg. per ml.

CIBA
SUMMIT, N. J.

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You can now give high (40-50 gr./ day) aspirin dosage to your arthritis patients without risking gastric upset

"When treated with plain aspirin... all the patients suffered from gastric upsets and 30 of them complained of insufficient analgesia."

When treated with 'Ecotrin', "41 of the patients (97%) noted satisfactory relief of pain and a complete absence of gastric disturbances."

Introcaso, A.A.: Clin. Med. 4:849 (July) 1957.

Ecotrin^{*}

S.K.F.'s Duentric†-coated aspirin,
for high aspirin dosage without
gastric upset

5 gr. tablets,
bottles of 100

Smith Kline & French Laboratories, Philadelphia

^{*}T.M. Reg. U.S. Pat. Off.

[†]Trademark

MEDICAL WRITING

[CONTINUED FROM 89] to worry about reprints. Luckily, professional courtesy doesn't require you to give away your books.

A typical medical volume today runs to about 300 pages. So it's likely to cost you at least \$4,500 to prepare your book for the press. And I'm not talking about the so-called vanity press, which requires an author to pay printing and distribution costs. I'm talking about a book you write for a reputable publishing house.

Naturally, you can hope to gain back some of your money through sales. But you can't count on showing a profit, or even on breaking even, at standard 10 per cent royalty rates. Only the rare volume that cracks the magic circle of medical "best sellers" has much of a chance to make money for its author or its publisher.

In medical publishing, a best seller is a book (other than a textbook) that sells over 5,000 copies. That's a lot of copies. Medical volumes do not sell like "Peyton Place."

The typical medical book, other than a text, is considered a success if it sells 2,500 copies. Your 300-page book (with perhaps 150 expensive illustrations) would very likely be priced at

while

your patient

sleeps



agoral®



works gently

to produce a normal

bowel movement

in the morning

Dosage: One tablespoonful at bedtime

WARNER CHILCOTT

DOES MEDICAL WRITING PAY OFF?

\$10 to \$15. Now let's do some arithmetic:

Suppose your \$15 book hits the satisfactory 2,500 mark. Ten per cent of \$15 is \$1.50. Multiply 2,500 by \$1.50, and you get \$3,750. That's what you'll earn as the author—and only after two to four years of small, steady sales. Since it cost you \$4,500 to produce the manuscript, you're \$850 in the red.

Even so, you can deem yourself lucky to have done so well.

You Save on Taxes

One pleasant thing to remember, though: *The expenses you incur in doing any kind of professional writing are tax-deductible.*

To be more exact, you can deduct for any such costs that aren't balanced by book royalties or payment for your articles. So you'll do well to keep an exact reckoning of all the money you spend, not merely for professional services but also for supplies like paper, stamps, reference books, etc.

But tax deductions are a consolation, not a reward. What are the rewards of medical writing?

First of all, as every writer knows, there's tremendous gratification in getting your ideas

down on paper and in knowing that other doctors are going to read what you've taken the trouble to write.

The physician-author I spoke of at the beginning of this article recognizes such a creative urge as his chief motive for doing books. He'd barely finished grumbling to me about his non-existent Jaguar when he began to smile. "Oh well," he said, "writing's a luxury I can afford. And it's worth every cent it costs."

Secondly, there's the satisfaction of knowing you've contributed something to medical knowledge. As one doctor-writer puts it: "When I've got something to say, I'd feel guilty if I didn't try to share it with my colleagues."

It's Good Publicity

Finally, writing is one of the few ethical ways for a physician to call his competence to the attention of the medical profession at large. So for the private practitioner, an article or book will frequently pay off in increased referrals. There are literally thousands of examples of practice-building as a result of publication. For instance:

RING BELL
AND
WALK IN

She returns to report . . .
full antacid benefits
—no
antacid
penalties

After you prescribe ALUDROX, you can expect to enter such a report as this in your follow-up record: "Acid neutralization free of drawbacks." For ALUDROX avoids systemic or other handicaps. It avoids laxation (its content of milk of magnesia is right). It avoids constipation (its content of aluminum hydroxide is right). It avoids alkalosis. It avoids acid rebound. And it solves the problem of taste resistance.

In short, ALUDROX outmodes trouble-making antacids. Fresh-flavored, smooth-textured, it encourages patient cooperation. Its formula (one part milk of magnesia, four parts aluminum hydroxide) is the choice of many physicians for fast and prolonged acid neutralization, constipation-inhibiting action, and soothing protection. ALUDROX keeps antacid trouble out of your practice.

TABLETS

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Aluminum Hydroxide with Magnesium Hydroxide

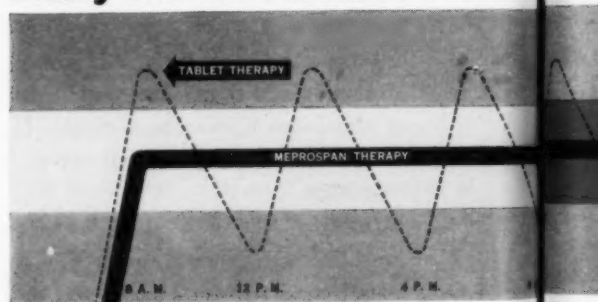
to neutralize,
not penalize



Philadelphia 1, Pa.

New... meprobamate prolonged release capsules

Evenly sustain relaxation of mind and muscles



TWO MEPROSPAN CAPSULES IN THE MORNING
RELIEVE ANXIETY, TENSION AND SKELETAL MUS-
CLE SPASM THROUGHOUT THE DAY.



MEPROSPAN
MAINTAINS UNINTERRUPTED
RELAXATION THROUGHOUT THE NIGHT.

Meprospan^{*}

TRADE-MARK

MEPROBAMATE IN PROLONGED RELEASE CAPSULES

mind muscle 'round the clock



Each Meprospan capsule contains 200 mg. of meprobamate in the form of coated pellets. The drug is continuously released over a period of 10 to 12 hours...

- maintains constant level of relaxation
- minimizes the possibility of side effects
- simplifies patient's dosage schedule

MEPROSPAN CAPSULES AT BEDTIME
WIDE UNINTERRUPTED SLEEP THROUGH-
THE NIGHT.

Dosage: Two Meprospan capsules q. 12 h. **Supplied:** Bottles of 30 capsules.

Each capsule contains: Meprobamate (Wallace) ... 200 mg.

2-methyl-2-n-propyl-1,3-propanediol dicarbamate

Literature and samples on request



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DOES MEDICAL WRITING PAY OFF?

A young internist of my acquaintance has distinguished himself by a number of papers on hormone therapy. The first of them appeared in his state society medical journal not very long ago. Since then, his practice has more than doubled.

Or take the Harvard physician whose brilliant monograph on the topic of Addison's disease attracted national attention in the profession about ten years ago. At that time, he was already a highly respected member of the Peter Bent Brigham staff. So he certainly didn't write in order to

establish a reputation. None the less, it's a fact that almost any doctor who now faces a problem involving adrenal deficiency thinks automatically of George Widmer Thorn.

I'm convinced that the rewards of medical writing more than offset the costs. But don't take my word for it. Ask any one of the thousands of physicians who dipped into their own pockets last year in order to prepare manuscripts. I have a hunch most of them are already spending their hard-earned dollars on this year's writing jobs. **END**

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In vaginitis

Stop the torment—destroy the cause

AVC

Improved



in trichomonal vaginitis —
"... the most effective treatment available."¹



in monilial vaginitis —
"... more effective than any other agent ... used previously."²



in mixed infection —
"... the most effective treatment of endocervicitis...."³

The rate of cure with AVC Improved is consistently high in all common types of vaginitis. In one series of patients with trichomonal vaginitis, bacteriologic cures were obtained in 82.5% of the cases.¹ Symptomatic relief is rapid and lasting. And because AVC Improved has an acid pH, it encourages the early return of normal vaginal flora.

Composition: A nonstaining cream containing 9-aminoacridine hydrochloride 0.2%; sulfanilamide 15.0%; allantoin 2.0%; with lactose in a water-miscible base buffered to pH 4.5.

Indications: Trichomonal leukorrhea; monilial and nonspecific vaginitis; cervicitis; postpartum hygiene; pre- and postcauterization, coagulation, conization, and other vaginal surgery; vaginal infections in children.

Administration: An applicatorful twice daily — on arising and at bedtime.

Supplied: 4 oz. tubes with or without applicator.

(1) Cortese, J. T.: Clin. Med. 2:45, 1955.
 (2) Hensel, H. A.: Postgrad. Med. 8:293, 1950. (3) Horoschak, A. and Horoschak, S.: J. M. Soc. New Jersey 43:92, 1946.

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 Original Research



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 Philadelphia 44, P.

RECESSION? IT'S NOT THAT BAD

[CONTINUED FROM 85] ments. Many surgical specialists get more than 75 per cent. That's assured income, as good as gold."

And in Washington, D.C., doctors' collections are noticeably slower—but more because of jitteriness than joblessness, a leading local collector reports. "In talking with debtors, we find that even the ones that have money are freezing up because of all the publicity about a recession," he says. "Newspapers are making too big headlines out of this thing. People who'd ordinarily pay half this month and half next month are stretching out their payments over four months for no good reason. Too many doctors let them get away with that sort of thing."

It's Mostly Talk

Elsewhere around the country, there's lots of recession talk but even less effect on the doctor's business. That, at least, is the report from medical collection agencies in major cities. For instance:

From Pittsburgh: "We haven't seen any change attributable to the recession. Weather was bad for weeks, and that slowed down our collections. Otherwise we

haven't noticed any dip in the doctor's business. The steel mills here have laid off some men, but not too many. And some of them have started rehiring now."

From Chicago: "There's so much entrenched wealth in a city like this that any recession takes longer to hit. But so far, most doctors haven't felt anything. The amount of business they're doing is the same as last year or better. If some doctors here have had collection trouble, I'd say it's their own fault."

From New York: "No change in number of new accounts or in percentage collected. The doctors themselves aren't telling me anything different, either. Most of them say they're turning over accounts to me simply because they're too busy to follow up delinquents."

Too busy? The description still fits as many U.S. doctors as it ever did. Patients certainly aren't staying away because of the recession. And except in "distress areas," they aren't appreciably less able to pay.

That's the latest word from the men who should know the situation. If nothing else, it's a refreshingly different kind of recession talk.

END



PACATAL

"There's Bert—back to his old self again!"

You remember Bert . . . just a short while ago irascible; careless in his grooming; confused and forgetful . . . now, back with his friends, cheerful and alert. He had become "lost," peevish, unpredictable—impossible to live with. Because of these progressive, grave behavior changes Pacatal was instituted: 25 mg. t.i.d. On Pacatal this old man was saved from a more serious breakdown.

For patients on the brink of psychoses, Pacatal provides more than tranquilization. Pacatal has a "normalizing" action; i.e., patients think and respond emotionally in a more normal manner. To the self-absorbed patient, Pacatal restores the warmth of human fellowship . . . brings order and clarity to muddled thoughts . . . helps querulous older people return to the circle of family and friends.

Pacatal, in contrast to many phenothiazine compounds, and other tranquilizers, does not "flatten" the patient. Rather, he remains alert and more responsive to your counselling. But Pacatal, like all phenothiazines, should not be used for the minor worries of everyday life.

Pacatal has shown fewer side effects than earlier ataraxics; its major benefits far outweigh occasional transitory reactions. Complete dosage instructions (available on request) should be consulted.

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AVERAGE DOSE—SIX TABLETS DAILY—With PARAFLEX, just one or two tablets, three times daily is an average effective dose. In experimental studies, PARAFLEX was found to be from one and one-half to three times as potent as other commonly used muscle relaxants.

IS WELL TOLERATED—Side effects are uncommon and seldom severe enough to require discontinuation of the drug.⁵ Other clinicians have encountered few side effects to date.^{1,5,6,6,7}

SUPPLIED—Tablets, scored, orange, bottles of 50. Each tablet contains 250 mg. of PARAFLEX.

REFERENCES—(1) Settel, E.: Personal communication. (2) Holley, H. L.: Personal communication. (3) Burns, J. J.; Trousof, N., and Brodie, B. B.: To be published. (4) Smith, R. T.: To be published. (5) Peak, W. F., and Smith, R. T.: To be published. (6) Wiesel, L. L.: Personal communication. (7) Passarelli, W. W.: Personal communication.

CLINICAL RESULTS WITH PARAFLEX

Investigator	Disorder	Number of patients treated	Number of patients benefited	Comment
Settel ⁽¹⁾	acute low back pain, acute traumatic myofascitis, or osteoarthritis	15	14	response excellent in nine, good in five
Holley ⁽²⁾	wry neck, cervical spondylitis, and disc syndrome	10	10	improvement, ranging from some amelioration of symptoms to profound relief
Burns ⁽³⁾	advanced osteoarthritis	12	10	less muscle spasm and pain
Smith ⁽⁴⁾	degenerative and rheumatoid arthritis	9	9	improvement, with less stiffness and freer motion
Peak ⁽⁵⁾	varied arthritic, rheumatic, and traumatic disorders	8	8	less stiffness, less pain
Wiesel ⁽⁶⁾		32	49	

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1. Feo, L. G., et al.: J. Urol. 75:711 (April) 1956.

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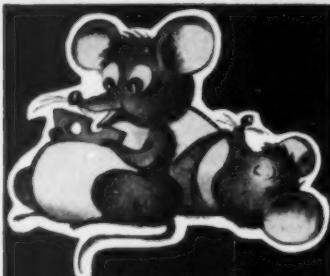
Pacinian corpuscles

Ruffini's corpuscles

Meissner's tactile corpuscles

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¹Tillis, H. H.: *Am. Pract. & Digest Treat.* 8:262, 1957.

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Memo

FROM THE PUBLISHER

Something Valuable

"For distilling something valuable out of your practice-connected experiences and putting it in writing for the benefit of doctors everywhere . . ."

Eighteen physicians have won that citation. They're the winners of the 1957 MEDICAL ECONOMICS Awards. What kind of physicians are they? And why did they win?

The No. 1 award-winner, Dr. Eli Eichelberger of York, Pa., has been a family doctor for a quarter-century. He learned the hard way how to switch from office hours to appointments. He put all he learned into "Office Hours? I've Had Enough!"

The runner-up, Dr. Ralph T. Streeter of Dayton, Ohio, has been in practice only a few years. His winning contribution: "The Trouble With Treating Your Relatives."

Another young physician, Leonard Casser of Cresskill, N. J., distinguished himself by redesigning a form commonly used in daily practice. Result: "This Form Turns Charges Into Cash."

Still another award-winner, Dr. Richard T. Walden, is now a resi-

dent. But he was once a G.P. in Missouri. There he had the revealing experiences he has written up in "What Happened When I Raised My Fees."

A few winners capitalized on more specialized experiences. Thus, Dr. Richard H. Orr ("Does Medical Writing Pay Off?") was until recently associated with Grune & Stratton, medical publishers. Dr. H. L. Herschensohn ("Pictorial Case Histories Can Save You Time") is medical director of an aircraft plant.

By now you can see that something valuable is created by *first-hand experience* above all else. If you need further proof—or perhaps an incentive for 1958—note the physicians who won *two* awards apiece:

Dr. Lloyd Rosenvold, an EENT man in Montrose, Col., contributed "I Give Discounts for Cash" and "Ways to Save Money on Office Upkeep."

Dr. Werner Bergmann, a G.P. in Oakland, Calif., contributed "The Invention That Flopped" and "Is the Right Man Covering for You?"

—LANSING CHAPMAN